



Corporate Advisory Board Membership Application

Name: _____ Office Phone: _____
Office Address: _____ Cell Phone: _____
_____ Email Address: _____
Company Name: _____ Title: _____

**What skills or areas of expertise do you feel you would bring to the board?
Check all that apply.**

- | | |
|--|-------------------------|
| Connection to Disability (Parent, Sibling, Friend, Self, Etc.) | Human Resources |
| Organizational Leadership | Grant Writing |
| Finance/Insurance | Project Management |
| Legal | Public Policy/ Advocacy |
| Fundraising/Philanthropy | Medical Provider |
| Networking | Educator/Trainer |
| Technology | Other: |
| Marketing/Communications | |

What level of membership interests you? Corporate Individual Undecided

What interests you about serving on the Corporate Advisory Board:

List all other boards/committees/commissions you serve on currently:

List all other boards/committees/commissions you have served on previously:

Board membership requires the following commitments:

- A three-year board term. A maximum of one term (total of 3 years) may be served. Corporate memberships maintain a seat, and change who holds the seat every 3 years.
- Monthly, 1-hour-long Zoom meetings
- Approximately 30 minutes to 3 hours of self-selected, committee or special project work per month.

Please attach a recent resume or curriculum vitae.

For questions and to submit your application: use the contact information at the top of this form or email info@askresource.org.