



3620 W. Truman Blvd. - Jefferson City, MO 65109-612 - www.ilrcjcmo.org  
Voice 573-556-0400 / TTY 573-634-3876 / Toll Free 877-627-0400 / Fax 573-556-0402

# Independent Living Resource Center, Inc.

## Board Member Application Form

TO THE BOARD OF DIRECTORS OF THE AGENCY:

I hereby apply for a vacated seat on the agency board of directors.

Type or print name in full: \_\_\_\_\_

Disability: Yes \_\_\_\_\_ No \_\_\_\_\_ Husband's or wife's name: \_\_\_\_\_

Residence Address: \_\_\_\_\_

How long at address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Nature of business and with whom connected: \_\_\_\_\_

How long a resident of the agency's service area: \_\_\_\_\_

Memberships in other organizations:

Name	Street	City	State

Known by the following board members of this agency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief biography: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_