

ASSOCIATES BOARD MEMBERSHIP APPLICATION

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| Name: |  |
| Phone: |  |
| Email: |  |
| Mailing Address: |  |
| Employer: |  |
| Job Title: |  |

**How were you referred to the Blessings in a Backpack Associates Board?**

**Describe your prior experience with Blessings in a Backpack and/or other nonprofits.**

**Why would you like to be a part of the Blessings in a Backpack Associates Board?**

**Outline all previous fundraising experience and/or your ability to generate donations.**