

PLEASE PRINT OUT THE APPLICATION, FILL IT OUT, AND INCLUDE A COPY OF YOUR RESUME OR LETTER OF INTEREST, AND MAIL TO:

Chairperson, Nominating Committee
DIRECT Center for Independence, Inc.
1023 N Tyndall Ave.
Tucson, AZ 85719

APPLICATION FOR NOMINATION

Name _____

Address _____

Phone () _____ Fax () _____ E/MAIL: _____

How did you learn about DIRECT? _____

What is your definition of independent living? _____

Why are you interested in becoming a member of the Board of Directors?

Do you have experience as an independent living advocate? _____

Please provide any additional information that you feel would be useful to the Nominating Committee _____

