



NEW BOARD MEMBER INFORMATION

Name _____

Job Title _____

Representing _____

Address _____

Date of Birth _____ (Month/Day/Year Optional)

Home Phone _____

Work Phone _____

Cell Phone _____

E-mail Address _____

CHILDREN'S SERVICES • HOUSING • TRANSPORTATION • OLDER ADULT SERVICES

Working with communities and partners, WNCSource improves people's lives by creating pathways to self-reliance and healthier living

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