

# Epilepsy Foundation of Southeast Tennessee Board Member Application Form

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Business Address \_\_\_\_\_

Nature of Business \_\_\_\_\_ Title \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

—  
Specific Areas of Interest (Please Check)

Legal – Employment Law/Policies     Legal – Client Advocacy     Fiscal/Budget Oversight

Client Support Activities/Meetings     Parliamentary Procedure     Strategic Planning

Public Speaking/Health Fairs     Special Events     Other (Please Specify) \_\_\_\_\_

Memberships in other organizations (Please list current and past offices, if applicable):

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

Brief Biography: \_\_\_\_\_

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

I am interested in becoming a board member of the Epilepsy Foundation for the following reason(s):

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date