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**Associate Board Member Application**

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| Name: |  | Date: |  |
|  |
| Title: |  |
|  |
| Business Name: |  |
|  |
| Number of years with current Business: |  | Member of NCHEA since:  |  |
|  |
| Business Address: |  |
|  |
| City: |  | State: |  | Zip: |  |
|  |
| NCHEA District: |  | Email: |  |
|  |
| Telephone: |  | Fax: |  |
| *\*\* You can attach answers to questions below to this form* |
| Why do want to be an Associate Board Member? |
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| What would you like to accomplish? |
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| What skills and strengths can you bring to NCHEA? |
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| Describe your recent participation in NCHEA |
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