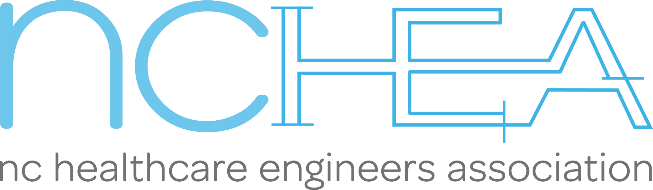
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**Associate Board Member Application**

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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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