



Application for Board Membership

<u>NAME:</u> <i>(as it will appear on Roster)</i>
<u>ADDRESS:</u> <i>(for mailings to you)</i>
<u>CITY,STATE,ZIP:</u>

Email address

Telephone Contact #

Fax #

Parish of Residence:

Check one:

- EBR WBR EF WF
 IBER ASC PC St. Helena Livingston

Demographics:

Check one:

- Age: 20+ 30+ 40+ 50+
 Gender: Male Female
 Race: Caucasian African-American Hispanic
 Asian Pacific Islander Other:

Education Level:

Check highest achieved:

- High School Undergraduate Master Doctorate

Please tell us why you are interested in contributing to our board and how your experience can help us:

FAX the completed form to 225-927-7367 or email to HAARTinc@aol.com