



UPHS Official Use: _____ _____

UPHS Members form a network of like-minded individuals/organizations dedicated to supporting and advocating for public and private nonprofit human service agencies of the Big Bend.

NOMINATED MEMBER INFORMATION

Legal Name of Member Organization:

Name & Title of Primary Organization Contact:

Mailing Address:

Date of Birth (Month/Day):

Telephone:

Cell:

Email:

Nominator:

REFERENCES

Name:

Relationship:

Address:

Phone:

Name:

Relationship:

Address:

Phone:

SIGNATURE

I authorize the verification of the information. I have received a copy of this form.

Signature

Date

Please complete the following questionnaire in the provided space.

Please list current and past volunteer/community service activities which you have participated.

Why are you interested in serving on the Board of Directors for United Partners for Human Services?

How can you be an asset to United Partners for Human Services in continuing its mission?

Please send this application, completed in its entirety to:

United Partners for Human Services:

2477 Tim Gamble Place

Suite 200

Tallahassee, FL 32308-4386

Or email Amber R. Tynan at amber@uphsfl.org

Thank You for Your Interest!