

Adult Literacy Plus of Southwest Arizona

Board Member Application

Name _____ Phone Number _____

Employer _____

Email address _____

Home Address _____ City, State, ZIP _____

Please check your areas of expertise:

- Education
- Communication
- Fundraising
- Strategic Planning
- Financial Oversight
- Special Events
- Board Development
- Friend-raising/Community Relations
- Marketing
- Program Planning and Evaluation
- Organizational Development
- Public Speaking
- Volunteer Management
- Other _____

Please list other nonprofit organizations that you participate with and your commitment:

Why would you like to become a member of ALPS?

Are you able to attend monthly meetings and other meetings as they may arise? YES NO

Are you willing to participate in special events? YES NO

Are you willing to make an annual personal financial contribution to ALPS? YES NO

*Thank you for taking the time to fill out the Board Member Application.
Please attach a copy of a short bio including your community involvement.*

Our Board of Directors will review your application and the Executive Director will contact you within a week.

If you have any questions please call Carrie L. Zaragoza at 928-343-9363 or email her at C.Zaragoza@AdultLiteracyPlus.org.