

I am interested in sitting on:			
☐ Development Committee			
Outreach and Education Committee			
☐ Family Action Committee			
General Information			
NameFirst MI	Last	 Nickname	
Address			
Phone	E-mail		
Employment Information			
Employer Name	Titl	e	
Address			
Phone	E-mail		
Type of business or organization			
Preferred method of contact () Work	() Residence		
Board/Committee Experience			
Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, social, etc).			
Organization Role/Title	9	Dates of Service	

Education/Training/Certificates:			
Optional - Have you received any awards	or honors that you would care to mention?		
How do you feel The Alliance for Eating Di involvement on a committee?	sorders Awareness would benefit from your		
Skills, experience and interests (Please cir	rcle all that apply)		
Finance, accounting Public speaking	Special events Grant writing		
Administration, management Nonprofit experience Program evaluation	Fundraising Outreach, advocacy Other		
Program evaluation Public relations, communications Education, instruction	Other Other Other		
Please tell us anything else you would like	e to share.		
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Please complete the application and return it to The Alliance. Thank you very much!

The Alliance for Eating Disorders Awareness

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