



Anchorage Association for the Education of Young Children

Anchorage AEYC Prospective Board Member Information Sheet

Name: _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Telephone: Day: _____ Evening: _____ Cell: _____

E-mail: _____

Source of referral/information: Board Member (Name: _____)

Website

Other _____

Special Skills:

Professional Background:

Other Affiliations:

Other Board Services:

Other Pertinent Information:

Return Form to: anchorageaeyc@mtaonline.net