SALEM UNITED, INC. 62 Frederick Street, Unit 33, Dracut, MA 01826 salemunitedinc@gmail.com

Community Advisory Committee Board Membership Application

		Date:	
Name:			
First	t M.I.	Last	
Address:			
Phone:		E-mail :	
Employer (Present)	ı		
Business Name		Type of Busin	ness
Your title			
Address			
Primary service(s) a	and area/population served_		
*Use additional Sh	eet for more employment		
Preferred method of	contact: () Phone	(() Email
	nd committees you serve o al, recreational, religious,		ess, civic, community, fraternal,
Organization	Re	ole/Title	Dates of Service

rds or honors that you'd like to mention?
erience would benefit from your involvement on the Board?
MMUNITY REFERENCES
Type of Business
E-mail
Type of Business
E-mail

Business Name		
Contact Person:		
Address		
Phone	E-mail	
Skills, experience and interests: (Please circle at	ll that apply)	
Finance, accounting Administration, management Community service Program evaluation Education, instruction Grant writing Outreach, advocacy Please list any groups, organizations or business (name of org).	Personnel, human resources Non-profit experience Policy development Public relations, communications Special events Fundraising Other: es that you could serve as a liaison to on behalf of	
Please tell us anything else you'd like to share.		

Salem United, Inc. c/o Administrative Committee, 62 Frederick Street, Unit 33, Dracut, MA 01826 salemunitedinc@gmail.com

*Note: Please return this application to the above address or email above