



**NEMCSA Board of Directors  
Application for Private Sector Membership**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

If retired, former employer: \_\_\_\_\_

Are you willing/able to travel for meetings? \_\_\_\_\_

Are you familiar with NEMCSA and its programs? \_\_\_\_\_ If yes, which program and what was your experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What Boards have you Served On in Past Five Years? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Positions held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Committee participation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Volunteer Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do You Have a Background or Expertise in?

*(Check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Fiscal Management or Accounting           | <input type="checkbox"/> Elder Services  |
| <input type="checkbox"/> Early Childhood Education and Development | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Education (other than Early Childhood)    | <input type="checkbox"/> Housing         |
| <input type="checkbox"/> Business Administration                   | <input type="checkbox"/> Fundraising     |
| <input type="checkbox"/> Community Affairs                         | <input type="checkbox"/> Other           |

If Yes, please describe background and/or expertise: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you a licensed attorney? \_\_\_\_\_ If yes, please describe areas of the law in which you practice or with which you are familiar, including issues that come before the Board.

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Why are you interested in serving on the NEMCSA Board? \_\_\_\_\_

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Do you, any family members, or any entities which you are associated with as an owner, partner, employee, officer, board member, or otherwise, do business with NEMCSA? If yes, please describe:

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#### Service to NEMCSA Board of Directors

*(Check all that apply)*

If you would be willing to serve on or chair a committee, please indicate what your preferences are:

- |  |  |
|--|--|
| <input type="checkbox"/> Program Planning and Evaluation | <input type="checkbox"/> Membership Committee    |
| <input type="checkbox"/> Personnel Committee             | <input type="checkbox"/> Audit/Finance Committee |

Other relevant information or experience you would like to provide:

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#### Certification

By signing below, I hereby certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;

I have not been convicted of or had a civil judgement rendered against me for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, for violation of federal or state antitrust statutes or for commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property, and,

Am not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses above.

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Applicant Signature

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Date

**Note: I understand that misrepresentation, omission or falsified statements on this application shall constitute sufficient cause for disqualification from further consideration for membership or for dismissal whenever discovered. Please allow 4 to 6 weeks for processing.**

*Please attach current resume, if available*