

BLOOMINGTON OFFICE

2201 EASTLAND DRIVE
SUITE 1
BLOOMINGTON, IL 61704
VOICE/TTY: 309/663-5433
TOLL FREE: 888/543-3245
FAX: 309/663-7024



PONTIAC OFFICE

318 WEST MADISON STREET
PONTIAC, IL 61764
VOICE/TTY 815/844-1132
FAX 815/844-1148

BOARD MEMBER APPLICATION

Name _____ Date _____

Address _____

City, State, Zip _____

Telephone _____ (Circle one) Voice TTY Video Other

E-mail _____

Employer _____ Position _____

You may call me at work No Yes Work Phone _____

I understand that Centers for Independent Living are required by law to have a majority of Board members with disabilities and to have cross-disability representation on the Board. I therefore disclose, and ask that you keep my response private:

I have a disability No Yes

My disability is _____

Preferred format for print materials (Circle one) Regular print E-mail

Large print (specify font size) _____ Braille CD Audiotape

Preferred method of receiving mail (Circle one) Mail E-Mail

Web site: www.lifecil.org

Advancing equality and integration of all persons with disabilities.



I am interested in serving on LIFE Center's Board because _____

I would bring the following personal experience, community contacts, and/or skills to the Board: _____

I support the mission and philosophy of LIFE Center for Independent Living, and want to help the Center achieve its goals. Please consider me for nomination to the LIFE Center Board of Directors. I understand that adult residents of DeWitt, Ford, Livingston and McLean Counties who are members of LIFE Center are eligible for nomination to the Board, and that the majority of Board members must be persons with disabilities.

Signature _____ Date _____

This application is available in accessible formats upon request. If you need assistance to complete this application, please contact Brianne at 309/663-5433 (Voice/TTY), 888/543-3245 (toll-free Voice/TTY) or brianne@lifecil.org.

**Please mail this completed application to
Brianne Anderson, Office Manager
LIFE Center for Independent Living
2201 Eastland Drive, Suite 1, Bloomington, IL 61704
or Fax it to her at 309/663-7024
or email it to her at brianne@lifecil.org**