

Music Brings Life Advisory Board Application

Name		
Address		
City	State	Postal Code
Telephone	Email	
Twitter	IG	FB
What is the best day and	time to contact you?	
What day(s) you are avai	ilable? W	hat time(s) you are available?
Weekday	Da	ay/Evening
Weekends	Da	ay/Evening
Please list the skills and talents you would like to contribute as a board advisor.		
Which Standing Committ	tee would you like to particip	pate on?
Does your company have	e an employee volunteer pro	gram?
Please provide your com	pany's name and the Volunte	eer Coordinator's Contact.
Company	Telephone	Email
Additional Comments		

Date

Signature