

**Pediatric AIDS Chicago**  
**2006 Prospective Board of Directors**  
**Member Application**

Each question must be answered completely before this application is reviewed and considered. Please submit the completed form to **Meredith Mann, Director of Development**, by the deadline of **April 1, 2006**. All applications must be mailed to **Pediatric AIDS Chicago, 2300 Children's Plaza, Box 154, Chicago, IL 60614**.

**Home Information**

Candidate's Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Home E-mail: \_\_\_\_\_

**Business Information**

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

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

**Industry**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accounting         | <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Real Estate        |
| <input type="checkbox"/> Advertising        | <input type="checkbox"/> Healthcare      | <input type="checkbox"/> Services           |
| <input type="checkbox"/> Consulting         | <input type="checkbox"/> Hospitality     | <input type="checkbox"/> Technology         |
| <input type="checkbox"/> Consumer Products  | <input type="checkbox"/> Law             | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Education          | <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Travel             |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Marketing/PR    | <input type="checkbox"/> Other: _____       |

**Business Environment**

- Corporate                       Small Business                       Other: \_\_\_\_\_  
 Self-employed

**Personal Information**

Marital Status: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Employer: \_\_\_\_\_

Name(s) of Children & Their Ages: \_\_\_\_\_

Number of years you have lived in Chicago: \_\_\_\_\_

**Board of Directors Information (May Not Apply to All Applicants)**

Sponsor's Name: \_\_\_\_\_

How do you know your Sponsor? \_\_\_\_\_

Please provide the name(s) of Board member(s) or other sources providing letter(s) of recommendation on your behalf:

\_\_\_\_\_

How did you learn about the Pediatric AIDS Chicago?

- Current or Past Board Member
- Supporting Member/ Member of Junior Committee
- Attendance at events
- Friend/Business Associate
- Other

Why would you like to join the Board of Directors of Pediatric AIDS Chicago?

\_\_\_\_\_

Please list the Pediatric AIDS Chicago events or functions you have attended and their years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any Board events/activities with which you are particularly eager to become involved? Why?

\_\_\_\_\_

\_\_\_\_\_

Please list any other volunteer organizations or trade associations with which you have been involved and the capacity in which you served. (Also indicate any on which you continue to serve.)

Organization

Capacity

Year(s) Served

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Do you have any special talents, experience, or affiliations that might be of use to the Board?

- |  |  |
|--|--|
| <input type="checkbox"/> Corporate Funding Contacts      | <input type="checkbox"/> Related Education         |
| <input type="checkbox"/> Sales/Telemarketing Experience  | <input type="checkbox"/> Event Planning Experience |
| <input type="checkbox"/> Food & Beverage Contacts        | <input type="checkbox"/> Volunteer Experience      |
| <input type="checkbox"/> In-Kind Goods/Services Contacts | <input type="checkbox"/> Other: _____              |

I wish to serve on the following committees:

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Corporate Funding | <input type="checkbox"/> Benefit      | <input type="checkbox"/> Community Shares                              |
| <input type="checkbox"/> Special Events    | <input type="checkbox"/> PR/Awareness | <input type="checkbox"/> I have an interest in the Executive Committee |

Other than your Sponsor (if applicable), who else on the Board have you met or know personally?

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*I have reviewed the Membership Requirements and I understand what will be expected of me should I be accepted to the Board of Directors of Pediatric AIDS Chicago. I am willing and able to invest my time, resources, and contacts to support the Board of Directors and its activities. I understand that a position on the Board of Directors is an important responsibility, and I will do all I can to support my role.*

Sign or Type Name: \_\_\_\_\_ Date: \_\_\_\_\_