



Associate Board New Member Information

PERSONAL PROFILE

Name: _____ Nickname: _____
(First) (MI) (Last)

Date of Birth: _____ Spouse Name: _____ Current Parish: _____

High School and/or College: _____

Home Address: _____

City: _____ Zip: _____

Home Telephone: _____ Home FAX: _____

E-Mail Address: _____

How did you hear about the Associate Board? _____

EMPLOYMENT PROFILE

Company Name: _____ Occupation: _____

Title: _____

Business Address: _____

City: _____ Zip: _____

Business Telephone: _____ Business FAX: _____

Type of Business: _____

Professional Skills: _____

Mailing Preference (*circle one*): HOME WORK

Other Board Experience: _____

RETURN TO: Celeste Cappotto, The Catholic Diocese of Cleveland Foundation
1404 E. 9th Street, 8th Floor, Cleveland, OH 44114, or FAX form to: 216-348-0740