

DISABILITY RIGHTS NEW MEXICO
3916 Juan Tabo Blvd. NE
Albuquerque, NM 87111
info@drnm.org
Fax: (505) 256-3184

BOARD MEMBER APPLICATION FORM

TO THE BOARD OF DIRECTORS OF DRNM:

I hereby apply for membership on the Board of Directors.

Type or Print Name	
Residence Address	
City/State/Zip	
Home Phone	
Cell Phone	
Work Phone	
Fax Phone	
Email Address	

Preferred method of contact/mailing:

_____ Home _____ Office _____ Business/Work

Memberships in other non-profit organizations (past & present): (Please list organization(s) Name, Address and Date/Terms served):

Presently:

In the Past:

Brief Autobiography, including your interests related to disability: (also, please attach brief resume if you have one readily available):

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Why would you like to join DRNM Board of Directors?

Area(s) of expertise/contribution you feel you can make (some areas would be: disability advocacy or personal experience, financial, fundraising, legal, non-profit management, public relations, personnel, etc.)

Do you have experience in fundraising and development?

Do you require reasonable accommodations to attend meetings?

The law that established the protection and advocacy system requires that the Board of Directors have a majority of people with disabilities or family members of a person with a disability. Please check the appropriate statement below. This information is kept confidential. The number of persons in each category is disclosed in our annual reports to the federal government (grantor). We consider applications from people who do not have disabilities or are not family members of people with disabilities.

_____ I am a person with a disability.

_____ I am a family member of a person with a disability.

_____ Neither of the above.

Names, address and phone numbers of at least **two** individuals we can contact as references.

Signature of applicant: _____

Date: _____