

Robin's Home, Inc.
Board Membership Form

Name: _____

Address: _____

County: _____

Phone: _____

Email: _____

Why do you want to join the board of directors for Robin's Home, Inc.?

How can you contribute to our board?

Will you be available to attend monthly meetings? (Meetings are the 3rd Wednesday of every month, at 5 PM) Yes _____ Not sure _____

Are you a veteran? _____