

Alumni Development Program Member Information Sheet

Please provide the following information if you are new to the Alumni Development Program and graduated from a Board training program. The information will allow us to inform you of upcoming events, comply with federal reporting requirements, and ensure we are reaching all alumni. Thank you!

Contact Information

Name:	_____
Address (Line 1):	_____
Address (Line 2):	_____
Phone Number(s):	_____
Email:	_____

Demographic Information

Gender:	<input type="radio"/> Male	<input type="radio"/> Female						
Training program:	<input type="radio"/> PIP	<input type="radio"/> YLA (formerly YLF)	<input type="radio"/> Both PIP & YLA					
Graduation year(s):	_____							
Do you have a disability?	<input type="radio"/> Yes	<input type="radio"/> No						
Are you the parent of someone with a disability?	<input type="radio"/> Yes	<input type="radio"/> No						
Age:	<input type="radio"/> 18 or under	<input type="radio"/> 19-24	<input type="radio"/> 25-34	<input type="radio"/> 35-44	<input type="radio"/> 45-54	<input type="radio"/> 55-64	<input type="radio"/> 65-74	<input type="radio"/> 75 or older

Please list any advocacy organizations, boards, or coalitions to which you currently belong:

