



2017 LDAA Board Application

Personal Information

Name:		Professional Title:	
Address:			
City:	State:	Zip:	
Business Phone:		Personal Phone:	
Fax:			
E-Mail Address:		Website:	
Organization Name:			
Business Address:			
City:	State:	Zip:	

Areas of expertise you bring to the board

- | | |
|--|--|
| <input type="checkbox"/> Accounting/CPA | <input type="checkbox"/> Lawyer/Advocate |
| <input type="checkbox"/> Banking/Controller | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Parent of an Individual with LD |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Therapist |
| <input type="checkbox"/> Individual with a Learning Disability | <input type="checkbox"/> Other _____ |

What is your interest or involvement in learning disabilities?

Do you serve or have you served on any other board of directors? Please provide your position, the organization name and term of office held.

Please feel free to provide any additional information about yourself below:

Please return this application to Kimberly Newton, LDAA vice president and board nominating chairwoman, at info@ldarkansas.org