

# CVM BOARD MEMBER FORM

1204 East Half Moon Drive  
www.cvmuseum.com

PO Box 1204 Eau Claire, WI 54702

(715)834-7871



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthday: \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address \_\_\_\_\_

Business Position/Title \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred mailing address for board materials:  business  home

Contact info that can be shared with other board members  business  home

Preferred email:  business  home Preferred phone:  business  home  cell

## Expertise/Professional Skills (Please check all that apply)

Communication Skills

Human Resources

PR/Marketing

Sales

Technology

Historic Preservation/History Training

Educator. Level \_\_\_\_\_

Past Board Experience

Legal Expertise

Business Management

Fundraising

Financial Management/Banking

Facilities

Other skills or background not listed above:

**Employment Status:**  Full-time (30+ hrs/wk)  Part-time  Retired  Student

Demographic data for board development purposes:

Years lived in the Chippewa Valley \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

If children at home, ages: \_\_\_\_\_