NDCCPI Board Member Application Form

Name _____

Mailing Address _____
Street or PO Box # City zip code

Phone Number _____

E-mail address _____

Your connection with Child Care _____

Length of time in Child Care (if applicable) _____

Why would you like to be considered for a position on the NDCCPI Board _____

Return this form to: Earleen Friez, NDCCPI President
PO Box 1101
Hettinger, ND 58639

Or email as an attachment to: ndccpi@ndsupernet.com