



POTENTIAL BOARD MEMBER QUESTIONNAIRE

Thank you for your interest in joining the Michigan Chapter's Board of Directors.

In an effort to learn more about you, we ask that you please complete this questionnaire and return it to SFMC via fax: (248) 595-8526; e-mail MIchapter@scleroderma.org or standard U.S. mail: 23999 Telegraph Rd., Southfield, MI, 48033.

Date: _____

Name: _____

Address: _____

City: _____

State/Zip: _____

Primary Phone: _____

E-Mail Address: _____

Why do you have an interest in joining the Scleroderma Foundation MI Chapter's Board of Directors?

Where are you currently employed, and what is your position?

What specific talents, skills, expertise, and experience do you believe you can share with the Scleroderma Foundation MI Chapter?

What professional or personal constraints on your time or service might you anticipate?

What do you hope to achieve while on the Board of Directors of the Scleroderma Foundation Michigan Chapter?

What Scleroderma Foundation Board activities would be of interest to you?

Budget: _____

Finance and Investment: _____

Development: _____

Marketing and Public Relations: _____

Advocacy: _____

Programs and Services: _____

By-Laws: _____

