

Southwestern Center for Independent Living (SWCIL)

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Marshall, MN 56258
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507-532-2221
800-422-1485
MN Relay – Dail 711
507-532-2222 (FAX)

APPLICATION FOR BOARD MEMBERSHIP

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Telephone : (day) _____ (eve) _____

Place of Employment (if applicable): _____

Position: _____

If you need additional space for your answers, please attach another sheet of paper to this application.

1. To be considered as a Center for Independent Living (CIL), SWCIL s required by law to have a 51% disability representation on its board.

Do you consider yourself to be a person with a disability? YES _____ NO _____

If yes, please describe your disability:

2. Please describe why you are interested in becoming a member of SWCIL's Board of Directors.

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