

F-5 - Board of Directors

Name of Nonprofit Organization: _____

Board Member: _____ BOD Title (if applicable): _____

Board Term & Expiration Date: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Professional Licenses: _____

Board Member: _____ BOD Title (if applicable): _____

Board Term & Expiration Date: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Professional Licenses: _____

Board Member: _____ BOD Title (if applicable): _____

Board Term & Expiration Date: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Professional Licenses: _____

Board Member: _____ BOD Title (if applicable): _____

Board Term & Expiration Date: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Professional Licenses: _____

Board Member: _____ BOD Title (if applicable): _____

Board Term & Expiration Date: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Professional Licenses: _____

This sheet should be copied as needed to add additional Board Members.