

Advisory Board Application

Name _____ Date of Birth (optional) _____

Address _____ City _____ State _____ Zip Code _____

Home Number _____ Cell Phone _____

E-mail Address _____

Employer name, address, and occupation:

Are you the parent or family member of a child/young adult with unique abilities or special needs?

No Yes: Parent Family Member (Relation: _____)

Please list volunteer commitments on other boards, committees, and group/professional organizations:

Why are you interested in becoming a The de Moya Foundation Advisory Board Member?

Area(s) of expertise/contribution you feel you can make:

Please select groups of interest:

- Employment Group
- Event Group
- Grant Group
- Scholarship Group
- Volunteer Group

Thank you for your interest in participating in The de Moya Foundation,
Lileana de Moya

Please return this form via email to demoyafoundation@gmail.com or fax to 305.663.5891.
If you have any questions, please call 305.667.9112.