Join the Journey Board Member Application

Personal Information:

Full Name:

Mr./Ms./Dr. (Last) , (First)

Preferred First Name:

Business/Organization (if applicable):

Job Title (if applicable):

Preferred Mailing Address:

Home

Business/Organization

Street Address:

City:

State:

Zip Code:

Preferred Phone:

Home #:

Business/Organization#:

Cell#:

Other Phone#:

Preferred Email Address:

Relationship to Join the Journey (if any):

Cancer Survivor:

Yes/No

Community/Professional Involvement:

(Please provide details of your involvement in the community or any professional organizations.)

Skills and Interests:

[Please share the skills and interests that you believe would contribute to the Join the Journey Board of Directors.]

Additional Information:

[Share any additional information about yourself that you believe is relevant to your application.]

\*\*Submission Instructions:

Please return the completed application to the Join the Journey office:

1530 Greenview Drive SW, Suite #212, Rochester, MN 55902

Attn: Human Resources.

~Or~

Email to treasurer@jointhejourney.us

Thank you for your interest in joining Join the Journey's Board of Directors. Your commitment and support are greatly appreciated.