

**WORKFORCE ESCAROSA, INC.
BOARD MEMBERSHIP PROFILE - PRIVATE SECTOR**

TYPE OF BUSINESS (Check all that apply): <input type="checkbox"/> Small Business (less than 500 employees) <input type="checkbox"/> Minority Owned
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Name: _____ **Title:** _____

Business Name: _____

Address: _____ **Phone No.:** _____

_____ **FAX No.:** _____

_____ **E-Mail Address:** _____

_____ **Cell Phone No.:** _____

Home Address: _____

MEMBERSHIP DEMOGRAPHICS (for reporting purposes)

GENDER:	RACE:	VETERAN:	AGE:	DISABLED:
<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Yes	<input type="checkbox"/> < 55	<input type="checkbox"/> Yes
<input type="checkbox"/> Female	<input type="checkbox"/> Asian	<input type="checkbox"/> No	<input type="checkbox"/> 55 OR >	<input type="checkbox"/> No
	<input type="checkbox"/> Hispanic			
	<input type="checkbox"/> White			
	<input type="checkbox"/> Ameri. Indian			
	<input type="checkbox"/> Other			

Community Organization Memberships

Board Memberships

Briefly state why you would like to become involved in the Workforce Escarosa, Inc. Board.

Does your company currently provide any service or products to Workforce Escarosa, Inc.?
Yes _____ No _____

Please return this form to:

Team Santa Rosa
Economic Development Council
6491 Caroline Street, Suite 4
Milton, FL 32570

Phone No.: 623-0174

Fax No.: 623-5932