

MEMBERSHIP PROFILE FOR LEADERSHIP COUNCIL

The mission of The Leadership Council is to bring support, education, and hope to Phoenix Metropolitan Area residents whose lives have been touched by cancer, by promoting the work of The Wellness Community. The Leadership Council will provide a forum in which business and community leaders can offer their expertise, advice and leadership to advance The Wellness Community's visibility and promote, expand, and diversify our funding to support our free cancer support programs. Membership on the Leadership Council is open to forward-thinking, well-connected business and community leaders who are committed to The Wellness Community's mission and are interested in working on its behalf.

The Wellness Community of Arizona requests the following information from all new and prospective Leadership Council members. The information is also used for proper introduction of Leadership Council members at official functions, appropriate press releases, and other communications.

PERSONAL DATA

Name: _____ Title: _____

Spouse/Partner's Name: _____

Your Company or Business: _____

Business Address: _____

Business Phone: _____ **Fax:** _____

Email (Business): _____

Home Address: _____

Home Phone: _____ Home Fax: _____

Email (Home): _____

Which is your preferred mailing address? Home Business

Spouse/Partner's Name: _____

EDUCATION: _____

PROFESSIONAL ASSOCIATIONS & CLUBS: _____

OTHER NONPROFIT INVOLVEMENT: _____

LEADERSHIP/PROFESSIONAL EXPERIENCE

What expertise or professional skills can you offer as a member of the Leadership Council?

Business Skills and/or Contacts

Community/Public Relations

Organizational Development/Administration

Financial Management

Health industry

Fundraising (experience and/or contacts)

Law

Marketing

Personnel

Physical Plant (architect, engineer, etc.)

Technical Expertise (computers, phones, etc.)

Other (please explain): _____

FINANCIAL SUPPORT

Leadership Council Members are invited to provide financial support to The Wellness Community. Please check all that apply:

- Would you personally contribute financial support to TWC? Yes No
- Would your company contribute financial support to TWC? Yes No
- Would you or your company contribute goods or services to TWC? Yes No
- Would you be willing to raise funds from other sources for TWC? Yes No
- Would you be able to attend special TWC events and invite your friends/associates? Yes No

PERSONAL COMMITMENT

Please describe how and why you became interested in The Wellness Community, any details about your personal experience with cancer and/or the organization, and why you are interested in serving on the Leadership Council:

****Please mail this profile in its entirety to The Wellness Community:**

Attn: McKenzie Simmons
Marketing and Development Coordinator
The Wellness Community of Arizona