

GLR Resumé Form

Date: _____

Name: _____

Address: _____

Phone: _____ (Home) _____ (Cell) _____ (Work)

Email: _____

Chapter: _____

Chapter Office(s) held (include dates) _____

Region or EGA Office(s) or position(s) held (include dates): _____

If you have been a member of other EGA chapters, please name them: _____

Number of GLR Seminars attended: _____ Number of other Region Seminars attended: _____

Number of EGA Seminars attended: _____

List any committees you worked on for any of the above seminars: _____

List office(s) held in other organizations (optional): _____

Special skills and other qualifications: _____

Check any of the following areas in which you have experience or an interest:

- By-laws Education Finance Fundraising Newsletter Editor Parliamentarian

Elected Officers or Position:

- Director Assistant Director Treasurer Secretary Nominating Committee

Signature: _____