



LOUISVILLE  
VISUAL ART

Board of Directors  
Member Information Form

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Work \_\_\_\_\_ ext \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Employer \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Visual Art /Education Interests \_\_\_\_\_

\_\_\_\_\_

Unique Qualifications/Other Information \_\_\_\_\_

\_\_\_\_\_

Have you or a family member ever been enrolled in Children's Fine Art Classes (CFAC)?

Yes     No     Not sure