



Early Learning Coalition of North Florida, Inc.
2450 Old Moultrie Road, Ste. 103, St. Augustine, FL 32086
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FX: (904) 342-2268
www.elcnorthflorida.org

BOARD MEMBERSHIP APPLICATION

DATE: _____

NAME: _____

Personal Info: _____ (Please Print)

ADDRESS: _____
Street City State Zip

MAILING ADDRESS: _____
City State Zip

PHONE: _____ CELL PHONE: _____

Day & month of birthday: _____

EMAIL: _____

EMPLOYER: _____

ADDRESS: _____
Street City State Zip

MAILING ADDRESS: _____
City State Zip

PHONE: _____ FAX: _____

Please indicate where you would prefer Board information to be sent:
Employer Address OR Personal Address

COMMENTS: _____

FOR PROVIDERS ONLY:

1. Name of the Provider you represent: _____

2. Position: _____

3. Please describe your center and the services provided to Baker, Bradford, Clay, Nassau, Putnam and/or St. Johns Counties.

4. Does your center have a religious affiliation (faith-based provider)?

_____ YES

_____ NO

5. From what source do the majority of your funds come?

_____ Private

_____ Subsidies

_____ Parent fees

_____ Other