



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

**YMCA BUFFALO NIAGARA  
Branch Board of Managers Information Sheet**

Please complete as much of the information as possible and return it by mail or fax (565-6007) or email to [aferreira@ymcabuffaloniagara.orgz](mailto:aferreira@ymcabuffaloniagara.orgz) at YMCA Buffalo Niagara, 301 Cayuga, Buffalo, NY 14225

Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Business Name: \_\_\_\_\_

Business Position: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business  
Phone: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business  
Fax: \_\_\_\_\_

Email  
Address: \_\_\_\_\_

Assistant's  
Name: \_\_\_\_\_

Where would you like to be contacted for future meeting dates and times?

Assistant's  
Phone: \_\_\_\_\_

Business Address:

Email  
Address: \_\_\_\_\_

Home Address:

FAMILY INFORMATION: Spouse Name \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Spouse Position: \_\_\_\_\_

Children and ages \_\_\_\_\_

EDUCATION: Schools \_\_\_\_\_ Degrees Held \_\_\_\_\_

YMCA Involvement (past/present):

\_\_\_\_\_

Service Club Memberships (if any):

\_\_\_\_\_

Leadership Roles (past/present):

\_\_\_\_\_

Other Community Involvement (past/present):

\_\_\_\_\_

Other Information:

\_\_\_\_\_