



**MEMBERSHIP PROFILE FOR
PROFESSIONALS OF WELLNESS LEADERSHIP COUNCIL**

Membership on the Professionals of Wellness Leadership Council is open to forward-thinking, well-connected business and community leaders who are committed to The Cancer Support Community's mission and are interested in working on its behalf. The Cancer Support Community Central Ohio requests the following information from all new and prospective Professionals of Wellness 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: _____

Company or Business: _____

Spouse/Partner's Name: _____

Business Address: _____

Business Phone: _____ Fax: _____

Email (Business): _____

Home Address: _____

Home Phone: _____

Email (Home): _____

Which is your preferred mailing address? Home Business

Education: _____

Professional Associations and Clubs: _____

Other Nonprofit Involvement: _____

FINANCIAL SUPPORT

Leadership Council Members are invited to provide financial support to the Cancer Support Community. **Please check all that apply:**

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

PERSONAL COMMITMENT

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

LEADERSHIP/PROFESSIONAL EXPERIENCE

What expertise or professional skills can you offer as a member of the Professionals of Wellness 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): _____

**Please mail, fax or scan this profile in its entirety to the Cancer Support Community Central Ohio:

Attn: Megan Ellis
Director of Development and Communications
Cancer Support Community Central Ohio
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www.cancersupportohio.org