



## 2017-2020 Membership Application

If you are interested in serving on the NIH Child Care Board, please complete the fillable form below and mail this membership application with your supervisor's signature of concurrence to:

Child and Family Programs Manager, Division of Amenities and Transportation Services  
(DATS) Office of Research Services (ORS)  
Building 31, 3B23, MSC 2009

**Your Name:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Institute/Branch/Section:** \_\_\_\_\_

**Office Telephone Number:** \_\_\_\_\_

**NIH Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Tell us about yourself (brief description of your current duties, past experience, committees on which you serve or other volunteer activities, etc.):**

**Please share your skills, strengths and experiences that will be an asset to the Board:**

**Describe why you wish to serve of the Board and specify any special concerns and/or interests you have related to child care:**

**Supervisor's Name:** \_\_\_\_\_

**Supervisor's Title (Dr./Mr./Ms.):** \_\_\_\_\_

**Supervisor's Position:** \_\_\_\_\_

**Supervisor's Address:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All submissions are due no later than May 5, 2017**