

NOVAworks Workforce Board

Membership Application

Name:
Title:

Company Name:

Company Address: Home Address:

City: City:

State: Zip: State: Zip:

Business Phone: Home/Mobile Phone:

E-mail:

Other professional affiliations and leadership roles:

1. Type of business, number of local employees, and your area of responsibilities:

2. What do you think are the critical workforce issues for our region?

3. What would you bring to the NOVAworks Workforce Investment Board (e.g., talent, experience, resources, knowledge, networks, passion)?

4. What do you hope to achieve through your participation on the NOVA WIB?