



TWIN RIVERS COUNCIL, BSA

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www.tre scouting.org
518.869.6436(P) 518.869.6439(F)

Board Member Information Form

Date Completed: _____

Name: _____ Formal Title: _____ (e.g., Dr/Mr/Miss/Mrs)

Preferred Email for Board Correspondence: _____

Personal Contact Information

Street Address: _____ Home Ph: _____

City: _____ State: _____ ZIP: _____ Cell Ph: _____

Optional Demographic Information

Date of Birth: _____ Ethnicity: _____ Race: _____

Business/Work Information

Title/Profession: _____

Company/Organization: _____

Website: _____ Email: _____

Business Address: _____ Bus. Ph: _____

City: _____ State: _____ ZIP: _____ Fax Ph: _____

Administrative Assistant Name: _____

Admin. Bus. Email: _____ Admin. Bus. Ph: _____

Scouting Affiliation (youth/adult)

Other Information (LinkedIn, Facebook, etc.)

