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Attachment 3C:**Board Member: CONTACT INFORMATION FORM****Member Information**

Name: _____

Title: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Email: _____

Please check here if this is the address you prefer to receive hard copies of board materials

Personal Information (or to be used as alternate contact information)Address: _____

Home Phone: _____

Cell Phone 2: _____

Fax 2: _____

Email 2: _____

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Alternate Contact (include if another person in your office should be cc'ed on correspondence)

Name: _____
Title: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Please return this form to the Operations office via email
(jhorigan@emmes.com) or fax (301-560-6538).