



MN Malaria Community Advisory Board Member Information Form

Name: _____

Home phone: _____

Mobile phone: _____

Mailing address: _____

Birthdate: ____/____/____

Country of Birth: _____

Fluency in the following languages: _____

Community Organization Affiliations (examples: Liberian Nurses Association, West African Collaborative):

Additional Questions:

1. Please list any days of the week you would prefer we do NOT meet for our monthly meetings:

2. Do you have any mobility or accessibility needs the organizers should be aware of in planning?

3. Do you have any dietary restrictions we should be aware of, since we'll be providing food and refreshment at our evening meetings?

4. For the monthly stipend/honorarium for your time, if you are doing this as part of your regular work and would like the payment made out and sent to an organization instead of you as an individual, please list the organization here:

Organization name: _____

Organization address: _____

Organization State Vendor ID: _____