

Advisory Committee Member Profile 2007-08



Name

Mailing Address

City

Zip

E-mail Address

Office Phone:

FAX:

I **am willing** to serve as an advisory committee member this year.

I **am not able*** to serve as an advisory committee member this year. *You are welcome to send another representative from your agency if you choose not to participate.

You are being asked to serve as a representative for

DHS Licensing	NAFCC Accredited
Public Library	NAEYC Accredited
Campus Child Care	AYC Associations
Licensed Family Care	Community Agency
Licensed Group Home	Educational Partner
For-Profit Child Care Center	Area EC Training Program
Non-Profit Child Care Center	Parent Representative
School-Age Care Program	Business Owner
Church Affiliated Child Care	Public School System
APSU Liaison	Chamber of Commerce
Community Government	Other
CCR&R	

Write any specific questions you would like to have addressed at this meeting.

*Please return form by fax to (931) 221-6453, or
Mail to: APSU-TECTA Advisory Committee, PO BOX 4514,
Clarksville, TN 37044*

Thank you

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