

NOVA Workforce Board

Membership Application

Name:
E-mail:

Company Name:

Company URL:

Company Address: Home Address:

City: City:

State: Zip: State: Zip:

Business Phone: Home/Mobile Phone:

Fax:

1. Type of Business:

2. Approximate number of local employees?

3. What is your official position and what do you do at your organization?

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

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

6. What value do you hope to get out of your participation on the NOVA WIB?

7. Additional thoughts?