

**Auxiliary Board of Bear Necessities Pediatric Cancer Foundation, Inc.**  
**2010 Member Application**

Please complete the following information and mail. e-mail or fax your application to:

Bear Necessities Pediatric Cancer Foundation  
55 W. Wacker Drive, Suite 1100  
Chicago, IL 60601  
P: 312.214.1200  
F: 312.214.7797  
office@bearnecessities.org

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Business Phone** \_\_\_\_\_

**Please list any relevant leadership and service experience.**

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**What are your areas of expertise, or what special skills do you bring to the group?  
How will you contribute to the group?**

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**There are countless service opportunities throughout the Chicago community. Why have you chosen to apply to the Bear Necessities Auxiliary Board?**

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Thank you for taking the time to complete this application. If you have been selected for an interview, an Auxiliary Board officer will contact you within a couple weeks.