

THE WEST END OPPORTUNITY PARTNERSHIP

This form will indicate your interest in serving as a representative of your neighborhood on the Partnership Board or the Advisory Council. You should complete and submit this form within the next few weeks.

Please mail to:

The West End Opportunity Partnership  
P.O. Box 2963  
Louisville, KY 40201

\_\_\_\_\_  
Prefix                      First Name                      Last Name                      Suffix

Please use your home address.

\_\_\_\_\_  
Street address                      Suite or Apt.                      Do you rent or own?  
\_\_\_\_\_  
City                      State                      Postal Code

Please use your personal email address.

\_\_\_\_\_  
Email Address  
Date of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_  
\_\_\_\_\_  
Primary Phone                      Alternative Phone  
\_\_\_\_\_  
Employer                      Occupation

How long have you resided in Jefferson County? (years/months) \_\_\_\_\_

Neighborhood:  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be considered for:

The Partnership Board \_\_\_\_\_; or

The Partnership Advisory Council \_\_\_\_\_; or

Either \_\_\_\_\_.