

Printed Name of Director: _____

Billy Director Contact Information *and* Consent to Receive Email Communications and Notices of Meetings

Below is the address, telephone number, and email account to which communications to me from the Billy Foundation should be directed. I give permission for the foundation to contact me at any indicated secondary addresses should an emergency arise. In case of a medical emergency, the foundation should contact the person indicated as my Emergency Contact.

I hereby affirm that I am willing to receive email communications from the Billy Foundation and hereby agree to receive email notice of meetings.

Principle address: _____

Principle phone number: _____

Principle email address: _____

Secondary address(es): _____

Secondary phone number(s): _____

Secondary email address(es): _____

Emergency Contact: _____

Emergency Contact address(es): _____

Emergency Contact phone number(s): _____

Emergency Contact email address(es): _____

signature

date