



## Advisor Information Form

**YES!** I would like to join your mailing list. SkillsUSA Michigan needs to have the most up-to-date information on our advisors.

**Please be sure we have your correct email address.**  
***Over 90% of our communication with you is via email and/or the Internet.***

Name: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

School City, State Zip: \_\_\_\_\_

School Phone Number: \_\_\_\_\_

School Fax Number: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Local Newspaper: \_\_\_\_\_

Principal: \_\_\_\_\_

CTE Director: \_\_\_\_\_

*Include this year for the following questions:*

What program do you teach? \_\_\_\_\_

How long have you been teaching? \_\_\_\_\_

I have been a Chapter Advisor since (year): \_\_\_\_\_

Who is the Lead Advisor for your school? \_\_\_\_\_

Are you interested in being a mentor?  Yes  No \_\_\_\_\_

*Please note that your home address and email address are only for our internal records. No other individual or company will receive this information.*

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone (Emergency use only): \_\_\_\_\_

Signature

Date

***Thank you for your assistance!***

Mail to: SkillsUSA Michigan  
Eastern Michigan University  
Ypsilanti, MI 48197

Fax to: 734-487-4329  
Email to: [tbrown51@emich.edu](mailto:tbrown51@emich.edu)