HB4 HOPE FOUNDATION, INC.

COMMUNITY ADVISORY APPLICATION

2027 founding membership | 5–10 positions available | Board approval required

APPLICATION DEADLINE: NOVEMBER 20, 2026
SELECTION ANNOUNCEMENT: DECEMBER 1, 2026

APPLICANT INFORMATION

Full name: _____

Email address: _____

Phone number: _____

City / State: _____

ABOUT YOUR INTEREST

Why would you like to support HB4 Hope Foundation?

_____

_____

What skills, experiences, or community needs would you bring to the group?

_____

_____

MEMBERSHIP DETAILS

5–10 advisory members will be selected for 12-month terms and meet separately each quarter.
Members may propose ideas and cast advisory votes; the Board of Directors makes final decisions.

- ☐ I understand the proposed $50 annual fee is due only if accepted.
- ☐ I understand advisory votes do not confer statutory nonprofit member voting rights.
- ☐ I can participate in quarterly advisory meetings.

ACKNOWLEDGMENT & SUBMISSION

Applying does not guarantee acceptance. Selected applicants will receive next steps and payment details.
Email your completed application to hb4hopefoundation@gmail.com by November 20, 2026.
Applicants will be notified of selection decisions on December 1, 2026.

Applicant signature: _____

Date: _____