



Advisor Change of Information Form

SkillsUSA Michigan needs to have the most up-to-date information on our advisors. If you have any changes throughout the year, please fill out and send in this form.

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