

APPLICATION FOR BOARD MEMBERSHIP

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____

OCCUPATION: _____

EMPLOYER: _____

BUSINESS ADDRESS: _____

E-MAIL ADDRESS: _____

BUSINESS PHONE: _____ FAX: _____

PROFESSIONAL AFFILIATIONS: _____

CIVIC AFFILIATIONS: _____

PAST/PRESENT BOARD MEMBERSHIPS: _____

PLEASE INDICATE IN YOUR OWN WORDS WHAT YOUR COMMITMENT TO THIS ORGANIZATION WILL BE: _____

HOW WILL THIS ORGANIZATION BENEFIT FROM YOUR INVOLVEMENT:

PLEASE INDICATE THE COMMITTEE(S) THAT YOU WISH TO SERVE ON:

FUNDRAISING, MARKETING AND PUBLIC RELATIONS _____

NOMINATING AND MEMBERSHIP _____ FINANCE AND PERSONNEL _____

LONG RANGE PLANNING AND PROGRAM _____
