



APPLICATION TO SERVE AS DIRECTOR

A minimum 2-Year commitment is requested to ensure board continuity

Name: _____ Date of Birth: _____

Mailing Address: _____

Contact Info: Phones - Bus: _____ Res: _____

Email: _____ Fax: _____

Occupation: _____

Interests: _____

Emergency Contact: _____

Community Activities: _____

Signature

Date