



**APPLICATION TO SERVE AS DIRECTOR**

A minimum 3-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