

BOARD OF DIRECTORS APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent <i>(Please circle)</i>	How long?	

EMPLOYMENT INFORMATION

Current employer:		
Employer address:		How long?
Phone:	E-mail:	
City:	State:	ZIP Code:
Position:	Hourly Salary <i>(Please circle)</i>	

EMERGENCY CONTACT

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE INFORMATION

Name:		
Cell Phone:	Home Phone:	

WHY DO YOU WANT TO JOIN THE BOARD OF DIRECTORS OF THE W.T.B.A. ?

DO YOU HAVE ANY OF THE FOLLOWING SKILLS?

Legal Skills <small>(give a brief description below)</small>	Public Relations <small>(give a brief description below)</small>	Management Skills <small>(give a brief description below)</small>

REFERENCES

Name:	Name
Phone Number:	Phone Number:

SIGNATURES

I authorize the verification of the information provided on this form as to my residency and employment. I am willing to serve and have confirmed that by my signature that I wish to serve on the Board of Directors and why I believe I am qualified.

Signature of applicant:	Date:
Received by:	Date: