

APPLICATION FOR MEMBERSHIP

Board of Directors

(Please continue on the back if you need more space.)

1. Personal Information:

Name: _____ Date: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____ Email: _____

2. Educational Background: _____

3. Business/Occupation: _____

4. Community Involvement (Past 10 years and Present):

5. Amount of time available for participation in activities of the Board:

6. Would you be willing to serve on a committee or project?

NOTE: Senior Services of Island County suggests that one of the obligations of an active Board member is an annual financial contribution. Many of our applications for funding from various agencies and foundations ask us if our Board members contribute financially as well as with time and energy. Contributions would be only what a Board member can afford, be confidential, and help to secure funding for continued operations and capital projects.

Senior Services of Island County is a Washington State Non-profit Corporation, except from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. Tax ID # 52-104-9443. Washington State Charitable Organization Registration # 4274.