

ASSOCIATED ARTS OF OCEAN SHORES - BOD APPLICATION

Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Community/volunteer Services: \_\_\_\_\_

Personal Characteristics: \_\_\_\_\_

Prior Board Experiences: \_\_\_\_\_

Why I Want to Be a Board Member: \_\_\_\_\_

\_\_\_\_\_

Mail Application to: AAOS, PO Box 241, Ocean Shores, WA 98569