

# NMCCA BOARD OF DIRECTORS APPLICATION

## APPLICANT INFORMATION

Name:

Email:

Business phone:

Cell phone:

Home address:

City:

State: Ohio

Zip:

Male

Female

(Please circle)

Age: 25-40

41-55

56+

How long have you lived in the area?

## BUSINESS INFORMATION

Business:

Business address:

City:

State: Ohio

Zip code:

# of employees:

Company in business, how long?

Owner

Decision Maker

N/A

(Please circle)

Industrial

Professional

Retail

(Please circle)

## WHY DO YOU WANT TO PARTICIPATE IN THE NMCCA BOARD OF DIRECTORS?

## WHAT OTHER ORGANIZATIONS ARE YOU CURRENTLY PARTICIPATING IN?

## WHAT SKILL SET CAN YOU BRING TO THE BOARD OF DIRECTORS?

## REFERENCES

Name:

Address:

Phone:

## SIGNATURES

Signature of applicant:

Date: