

MSBU Board Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
E-Mail Address	
Occupation	

Availability

The MSBU meets monthly on the second Tuesday of the month, are you available then? Y _____ N _____

Interests

Tell us in what are your areas of interest. You may check more than one box.

Chairman

Vice-Chairman

Communications

Financial Chairman

Landscaping

Special Committees

Website Updates

Volunteer coordination

What do you feel is the mission of the Bluewater Bay MSBU and in what areas would you like to see improvement.

Previous Committee Experience

Summarize your previous committee experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a committee member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in serving with us.