



BOARD MEMBER APPLICATION

Name: _____

Profession: _____

Business Name _____

& Address: _____

Phone: _____ Email: _____

EDGE Business District Association experience:

Membership – Years: _____

Committee	Role	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other board experience:

Organization	Role	Year(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Why are you interested in serving on the EBDA Board?

What skills and background do you offer to the EBDA Board?

Feel free to attach additional pages, resume, or any other materials you consider helpful.