ATTACHMENT B

WOODBRIDGE COMMUNITY CHOIR BOARD MEMBERSHIP APPLICATION

Please submit your application to any member of the Board of Directors.

Name _____

Address _____

Telephone (home) _____ (office) _____

E-Mail (home) _____(office) _____

Occupation _____

Why do you wish to become a Board member?

_____

_____

_____

What qualifications do you have for the specific position for which you are applying?

_____

_____

_____

Following is a list of elected offices on the Woodbridge Community Choir Board of Directors. Please circle the position(s) for which you would like to be nominated.

Chairman	Special Events Chair	Treasurer
Vice Chair	Marketing/Publicity Chair	Secretary
Publications Chair	Grants Coordinator	
Fund Raising Chair	Parliamentarian/Historian	
Production Chair	Membership Management Chair	

Signature of Applicant _____ Date _____

By signing this document I acknowledge that the term of office shall run from July 1 of the current year through June 30 of the following year.