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| BOARD OF DIRECTORS APPLICATION | |
| Date | Click or tap to enter a date. |
| First Name |  |
| Last Name |  |
| Phone |  |
| Email |  |
| Why do you wish to be a Board Member? | |
| **What Skills or interest do you have that might contribute to the mission of the Council?**  **Members of the Board of Directors are expected to attend regular board meetings from 6:30 PM to 8:00 PM. on the third Monday of most months, occasionally attend special meetings and to actively serve on a committee. Please comment on your ability to meet this obligation.** | |
| Return this completed application to the Secretary: [enact4@gmail.com](mailto:enact4@gmail.com) | |