

Board of Directors Application Form

Thank you for your interest in joining the SCMS Foundation Board! Use this form to provide useful information about yourself for consideration for the Board of Directors. The following information will be shared:

First and Last Name: _____

Primary Phone Number: _____ Cell Number: _____

Mailing Address: _____

Email address: _____

Briefly describe why you would like to join our Board of Directors:

Current organizational affiliations (names of the organization and your role(s):

1. _____

2. _____

3. _____

4. _____

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?
