



Voted In: Y N
Date voted: _____
Term Expires: _____
Committee: _____

Board of Directors Application

Full Name: _____

Contact Email: _____

Contact Number: _____

Profession/Occupation: _____

Stakeholder Affiliation:

Property Owner

Business Owner

BID/City Rep

Resident

Property/Business:

Legal Name/Property or Business _____

Property/Business owned by _____

Property/Business Address _____

If a Designee of Business Owner:

Owner Signature _____

If a Bid/City Representative:

Position Held _____

If a Resident:

Current Address _____

As a Board Member, you are expected to contribute to at least one committee (Design, Economic Revitalization, or Promotions/Organization), attend regular monthly Board meetings, and are encouraged to participate in events and/or fundraisers. This Board is responsible for the direction, guidance, and overall health of the Port Washington Main Street organization, and your time and dedication is appreciated.

Please list current or prior board and/or leadership experience:

Organization	Dates
_____	_____
_____	_____
_____	_____

Please list your past volunteer experience

Why are you interested in serving on the board?

What skills and background do you offer as a board member?

What are your expectations on becoming a board member?

What questions do you have of the board at this time?
