Oahe Chapel Preservation Society

Board of Directors Application Form

Name:	Date:	
Mailing Address:		
City:	State:	Zip:
Email:	Phone:	
Relevant experience and/or employ	ment:	
Why are you interested in serving on the Board of Directors?		
Area(s) of expertise and/or contribution(s) you feel you can make:		
Please share any other information you feel is important for consideration of your application.		
Are you currently a member of the C	Dahe Chanel Preservation Soci	etv? Yes No
	ard members must pay annual	•
members are expected to attend		e and participate in events
FOR BOARD USE		
Nominee has had a meeting wi	th a current board member.	Date
Application has been reviewed	by current Board of Directors.	Date
Nominee has attended a board meeting.		Date
Board action taken:		Date