

Application for WMSABC Booster Board Member

Board position you are applying for \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Best phone # to reach you \_\_\_\_\_

Email address \_\_\_\_\_

Child(ren) in WMS    Yes    No

Name and grade of Child(ren) that attend WMS

Why are you interested in the position you are applying for? Have you served on any other boards or committees and if so, what were they?

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List 2 non-family references

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

How does this person know you for the position

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List 2 non-family references

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Email address \_\_\_\_\_

How does this person know you for the position

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