

APPLICATION FOR EXECUTIVE BOARD MEMBER POSITION
Please read the attached Board Responsibilities

Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-Mail: _____

Business or Profession: _____

1) What background information or experience do you have that would be valuable to the association?

2) What memberships do you hold in not for profit organizations, Service Clubs, Social Clubs, offices, etc.

3) Have you held a political or civic appointment or received honors and recognition for community services: (Please describe)

4) What skills and abilities can you contribute to PASFI?

5) Why are you requesting to serve on this Board?

6) What other information would you like us to know about you?

All Board applications are subject to the approval of the standing Executive Board.

I have read the attached sheets (Board Responsibilities and Financial Request) and understand the responsibilities of serving on this Board.

Applicant s Signature _____

Parkinson association of southwest florida, inc
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