

Application for Alexandria Senior Center

Board of Directors

Name: Click here to enter text. Date: Click here to enter a date.

Address: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Are you a member of the Alexandria Senior Center? [ ]  Yes [ ]  No

What activities have you been involved in at the Center or other organizations?

Click here to enter text.

Why would you like to be a member of the Board of Directors?

Click here to enter text.

What special skills or knowledge do you have that could help the Center?

Click here to enter text.

Please provide a short BIO and photo to this application.

Click here to enter text.

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Sign your name and email this application to Shelli-Kae Foster at: execdirector@alexsrctr.org