



**BOARD OF DIRECTORS
APPLICATION**
 MAIN MARKET COOP 2014
WWW.MAINMARKET.COOP
 44 W MAIN AVE
 SPOKANE WA 99201
 509-458-2667

The information you provide on this questionnaire will be used by the Main Market Board Nominating Committee in considering your nomination.

CURRENTLY A MEMBER OF MAIN MARKET COOP?

NAME: (Last, First, Middle Initial)		
ADDRESS:		
CITY:	STATE:	ZIPCODE:
WORK ADDRESS:		
CITY:	STATE:	ZIPCODE:
PHONE:		
EMAIL:		

EDUCATION:

HIGHSCHOOL:		
MAJOR:	DEGREE:	DATES:
COLLEGE:		
MAJOR:	DEGREE:	DATES:
GRADUATE:		
MAJOR:	DEGREE:	DATES:

ORGANIZATIONS AND CIVIL EXPERIENCE:

ORGANIZATION/PROJECT:		
CITY/STATE:	DATES:	POSITION:
ORGANIZATION/PROJECT:		
CITY/STATE:	CITY/STATE:	CITY/STATE:
ORGANIZATION/PROJECT:		
CITY/STATE:	CITY/STATE:	CITY/STATE:

REFERENCES (The following individuals are qualified to comment on my abilities.):

NAME:	RELATIONSHIP	PHONE
NAME:	RELATIONSHIP	PHONE
NAME:	RELATIONSHIP	PHONE

OATH OF APPLICATION:

I CERTIFY UNDER OATH that I have read and understood all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

Initials:

AUTHORIZATION FOR REFERENCE CHECK: I hereby authorize any individual, company, or institution, with whom I have been associated to furnish the Main Market Co-op any pertinent information concerning my application for a board position at the Main Market Co-op which they may have on record or otherwise. I do hereby release the individual, company, or institution and all individuals connected therewith from all liability for an damages whatsoever incurred in furnishing such information.

Initials:

SIGNATURE OF APPLICATION	DATE
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Please attach your current resume with work experience then mail or email to:

MMC Nominating Committee
44 W Main Ave
Spokane, WA
99201

Board@mainmarket.coop Subject: Nominating Committee