

Konocti Senior Support, Inc.



Membership Application
Board of Directors

Name of Applicant: _____

Address: _____

Phone Number: _____

Please describe why you would like to serve on the KSS, Inc. Board:

Will you be able to attend the Monthly Board meetings?

Do you have a specific interest in any particular part of our program?

Please list professional background, technical expertise or specific skills you can bring to KSS, Inc. Board.

Please list any volunteer Board on which you have served.

<u>NAME</u>	<u>YEARS SERVED</u>	<u>POSITION HELD</u>	<u>ACTIVE(Y/N)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

See over...

Are you available to serve on any of these committees?

Program / Public Relations _____
Grant Writing _____
Finance _____
Board Recruitment _____
Auxiliary & Fund Raising _____

Send completed application to: Konocti Senior Support, Inc., P. O. Box 6668, Clearlake, CA 95422 or email to: lcspe@att.net.

Questions? Please call (707) 995-1417

For Office use only: Activation Date _____ Retire Date _____