



**BOARD OF DIRECTORS  
APPLICATION**  
 MAIN MARKET COOP 2014  
[WWW.MAINMARKET.COOP](http://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?
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<b>NAME:</b> (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](mailto:Board@mainmarket.coop) Subject: Nominating Committee