



**SHEBOYGAN BLUE LINE ASSOCIATION
BOARD OF DIRECTORS APPLICATION**

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

Occupation: _____

Company: _____

Family Members Registered with SBLA (Names & Program): _____

Length of involvement with SBLA: _____

Experience in Skating Programs : _____

Other youth organizations you have participated in: _____

Why do you feel you would be a good member of the SBLA Board of Directors? _____

What new ideas or contributions could you bring to the SBLA Board of Directors? _____

What Roles/Committees would be of interest to you?

Finances

Fundraising

Public Relations / Communications

Ethics

Rink Operations

Tournament Planning

PLEASE INCLUDE A PICTURE AND BRIEF BIO WITH YOUR APPLICATION SUBMISSION

Signature: _____

Date: _____