



# BOARD MEMBER APPLICATION CEDARBURG FRIENDS OF THE LIBRARY

## APPLICANT INFORMATION

Name:		
Email:	Phone:	Cell Phone:
Address:		
City:	State:	ZIP Code:

## EXPERIENCE

Education:
Relevant Work Or Experience:
Past or Present Volunteering:

## SKILLS OR QUALIFICATIONS

<input type="checkbox"/> Fundraising <input type="checkbox"/> Marketing <input type="checkbox"/> Accounting	<input type="checkbox"/> Event Promotion <input type="checkbox"/> Event Coordination <input type="checkbox"/> School Liaison	<input type="checkbox"/> Writing <input type="checkbox"/> Website <input type="checkbox"/> Networking
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Tell us why you would make a good board member for the Cedarburg Friends of the Library.

## REFERENCES WHO RECOMMENDED THE FRIENDS BOARD TO YOU?

Name	Phone
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Mail application to: **Cedarburg Friends of the Library, W63 N589 Hanover St. Cedarburg, WI 53012**  
**OR:** Drop at the Main Floor Circulation Desk in the CPL

Signature of applicant:	Date:
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For more information contact – Karen Hassman [kkhassman@gmail.com](mailto:kkhassman@gmail.com)  
Mary Whittet [mcwhittet@gmail.com](mailto:mcwhittet@gmail.com)