

Board of Directors Application for 2016-2017

Name:		
Address:		
Phone Number:		
Email:		
I would like to be on the Board o	of Directors for Capital City Pride because	
I am declaring my run for: □Pre	esident □Vice President □Secretary □Treasu	rer
☐ Served on the previous ye ☐ Volunteered at least 4 ho ☐ Actively served on a comi		y requirements (please mark):
□At Large Member (only eligibil	lity requirement is to have completed this applicati	on)
Signature	Date	

Return to board@capitalcitypride.org or bring it to the Nomination Meeting on Monday, July 25th@ 6:30pm at the Garden Nightclub.