

Central Neighborhood Council



The Heart of Tacoma

BOARD

MEMBER APPLICATION

DATE: _____

Yes, I am interested in participating on the Central Neighborhood Council's Board of Directors. ***I understand that attendance at monthly Board meetings (usually on the 1st Thursday of each month) is required.***

Name: _____

Address: _____

Email _____

Phone Numbers: Home: _____

Work: _____

Best time to contact you: _____

Special interest groups/organizations currently or previously involved in:

Is there anything else you'd like us to know about why you'd like to be on the Central Neighborhood Council's Board ? _____

****As much of contact, minutes, agenda and general information are done thru email it is important that you provide a email address which you have access to.**