



Application for Board Appointment

Name: _____

Residence Address: _____

Mailing Address: _____

Business Phone: _____ Home Phone: _____

Fax: _____ Email: _____

I declare that I am willing to serve as a member of the Haines Sheldon Museum Board of Trustees. Please enter my name for consideration.

Signature of Applicant

Date

Qualifications: _____

