

# THE LINDSAY GALLERY

## BOARD OF GOVERNORS APPLICATION FORM

Name \_\_\_\_\_

Full Mailing Address \_\_\_\_\_

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Telephone : Home _____	Voice Mail/Answering Machine? yes ___ no ___
Work _____	yes ___ no ___

\_\_\_\_\_ I am a Gallery member. \_\_\_\_\_ I would become a Gallery member.

\_\_\_\_\_ I am/have been a member of another public art gallery.

\_\_\_\_\_ I have served on the Board of the following nonprofit organizations:

Please indicate below what areas you would like to contribute to as a Board member, and your related skills, knowledge and experience.

\_\_\_\_\_ Art Classes and Instructing  
\_\_\_\_\_ Fundraising  
\_\_\_\_\_ Finance  
\_\_\_\_\_ Personnel

over ....

What training and experience have you had in these areas that would be relevant as a Board member of a public art gallery?

**Time Commitment:** Five to ten hours per month, to prepare for and attend monthly Board meetings and the Annual General Meeting, in order to participate in the discussions and the deliberations of the Board.

Orientation time to become familiar with the Gallery's operations and the legal requirements of Directors of a nonprofit charitable organization.

Attendance at the Gallery's fundraising events.

I am willing to make the time commitment required to carry out the legal duties as of a Board member.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

*Complete and submit this Application Form*

by email to [art@thelindsaygallery.com](mailto:art@thelindsaygallery.com)

by fax to 324-9349

or mail to or drop off at

**THE LINDSAY GALLERY INC**

190 Kent St. West, Lindsay, ON K9V 2Y6

*Thank you for applying. You will be contacted by a Board Member.*