

# THE LINDSAY GALLERY

## BOARD OF GOVERNORS APPLICATION FORM

Date \_\_\_\_\_

Name \_\_\_\_\_

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

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

\_\_\_\_\_ I am a Gallery member or 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.

\_\_\_\_\_ Finance

over ...

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Personnel

Please identify any other areas of interest or expertise.

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

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