

## Sable Points Lighthouse Keepers' Association

### Board of Directors Application

Thank you for your interest in serving on our Board. To be Board eligible you must be a member of the association for at least three (3) consecutive years prior to nomination and election to the Board and remain a member during his/her Term of Office. All board Members must be 18 years of age or older.

Please write a brief letter explaining your history with our Association and complete this application and mail both to: P.O. Box 673, Ludington, MI 49431 or return to our office at 905 Ease Ludington Ave, Ludington, MI 49431.

Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Briefly describe why you would like to join our Board of Directors:

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List the organizations you have been affiliated with and your role:

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Which of your skills would you like to utilize on the Board? Check those that apply:

\_\_\_\_\_ Board Development

\_\_\_\_\_ Financial Management

\_\_\_\_\_ Strategic Planning

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Program Development

\_\_\_\_\_ Community Networking

\_\_\_\_\_ Marketing

\_\_\_\_\_ Volunteer Management

\_\_\_\_\_ Facilities Management

\_\_\_\_\_ Training

What other skill(s) do you have that you would utilize if chosen as a board member?

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What are your expectations for your participation on the Board, e.g. how will this experience help you grow as a person, or help you develop new skills?

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If you are selected to become a board member, do you agree to provide at least 4 hours a month in attendance at meetings, actively work on committees; provide a positive image of our Association and actively participate in helping us to implement our Strategic Plan?

\_\_\_\_\_ Yes                      \_\_\_\_\_ Not able at this Time

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Perhaps

Any other skill(s) you would like to utilize as a volunteer for SPLKA?

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