



## Board Member Application Form

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*Thank you for your interest in our Board! We'll orient you to our organization, train you about the roles and responsibilities of a member of a nonprofit Board of Directors, and organize you into the Committee that most closely matches your skills and interests.*

Please read the enclosed materials, fill out this application and return it to us at:

Friends of the Braumart, P O Box 156, Iron Mountain, MI 49801

If you have any questions, email [info@friendsofthebraumart.org](mailto:info@friendsofthebraumart.org). We'll review your application and get back to you soon. Thank you!

Your name: \_\_\_\_\_

Your phone number: *(home)* \_\_\_\_\_ *(cell)* \_\_\_\_\_

Your address: \_\_\_\_\_

Company Name: \_\_\_\_\_

Work title/position: \_\_\_\_\_

Your work phone number: \_\_\_\_\_

Your email address *(please write it carefully)*: \_\_\_\_\_

Your current organizational affiliations *(names of the organization and your role(s))*:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

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

Board development  
Strategic planning  
Grant development  
Program development

Financial management  
Fundraising  
Evaluation  
Community networking

Training  
Marketing  
Volunteer management  
Facilities management

Other skill(s) of yours that you would like to utilize? \_\_\_\_\_

\_\_\_\_\_

Please answer the following three questions. Please limit your responses to approximately 300 words total.

1. Why are you interested in serving on the Friends of the Braumart Board of Directors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What skills and experience do you bring to the Board?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you feel are the biggest challenges facing the Friends of the Braumart in the next three years?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The term of office is three years. We currently meet at 5:30pm on the first Tuesday of the month in our offices at the Braumart Theatre. If you join the Board, you agree that you can provide at least 2-4 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your 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