

WESTERN NEUROPATHY ASSOCIATION (WNA) APPLICATION FOR THE BOARD OF DIRECTORS

Thank you for your interest in serving WNA.

Please complete the application form and email it to the name and address shown below.

Note: You must be a paid member of WNA by the date you are elected to the Board of Directors.

Name: _____

Last	First
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Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____

Email (required): _____

Occupation: _____
If retired, please indicate your primary profession now or before retirement.

What do you hope to achieve by joining the Board? _____

Which of the following skills would you bring to the organization?

____ Accounting/Financial Management

_____ Fundraising

_____ Medical Expertise

____ Newsletter Editing

____ Publicity/Media Relations

Marketing

_____ Board/Chapter Governance/Relations

____ Technology Skills/Web Administration

____ Legal

____ Minority Outreach

____ Organizational Development

____ Secretarial

_____ Strategic Planning

____ Grant Writing/Administration

Briefly describe your experience in any of the skills checked above: _____

- Do you have regular/reliable access to a computer/email? _____
- Are you able to participate in board of director meetings, both in-person and virtually via teleconference or webinar? _____
- Are you able to devote approximately 10 hours per month to board and organization activities? _____

Please attach your most recent resume and any additional comments you would like to make.

Email this completed form and your attachments to: glenntaj@yahoo.com– Attention Board of Directors