

PORTLAND STRING QUARTET SOCIETY

BOARD APPLICATION

NAME _____

MAILING ADDRESS _____

CITY _____ ZIP _____

PHONE (home) _____ (work) _____ (cell) _____

EMAIL _____

TITLE * _____ COMPANY _____

RESPONSIBILITIES

PREVIOUS BOARD EXPERIENCE (Names, locations, offices, committees)

WHY I WISH TO SERVE ON THE PSQ BOARD _____

YOUR SPECIAL AREAS OF INTEREST FOR THE PSQ BOARD

Fundraising

Concert assistance

Chamber Music Program

Other? _____

COMMENTS (Please use reverse for additional comments.)

*If retired, please indicate last position.