

# ADVOCACY INITIATIVE NETWORK OF MAINE, INC.

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## Application to the Board of Directors

To apply for a board position, please complete this form and mail or fax it back to us.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Relevant Experience and/or Employment (attach a resume if relevant) \_\_\_\_\_

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Why are you interested in our organization? \_\_\_\_\_

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Area(s) of expertise/Contribution you feel you can make \_\_\_\_\_

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Other volunteer commitments \_\_\_\_\_

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