

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 back it us.

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

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

Why are you interested in our organization? _____

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

Other volunteer commitments _____
