

Date of Submission: \_\_\_\_\_

## ALBERT CITY THRESHERMEN BOARD OF DIRECTORS APPLICATION

The Board is made up of 9 directors who all serve a 3-year term. Three positions are filled each year.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

INTEREST IN BOARD OF DIRECTORS, ASSOCIATE BOARD, OR BOTH? \_\_\_\_\_

Relevant experience and/or employment:

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Professional affiliations:

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Areas of expertise and/or contributions you feel you are able to make:

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Previous volunteer commitments:

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Special interests or hobbies:

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Additional comments:

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**ONLY APPLICATIONS SUBMITTED BY PAID MEMBERS OF ALBERT CITY THRESHERMEN WILL BE CONSIDERED.**

Please complete application and return to Threshermen & Collectors Assn.; PO Box 333; Albert City, IA 50510.

Must be received or postmarked by November 1