Date of Submission:

ALBERT CITY THRESHERMEN
BOARD OF DIRECTORS APPLICATION

The Board is made up of 12 directors who all serve a 3-year term. Four positions are filled each year.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Relevant experience and/or employment:

Professional affiliations:

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

Previous volunteer commitments:

Special interests or hobbies:

Additional comments:

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 or email it to acthreshermen@gmail.com. Must be received or postmarked by November 1.