

COMMMUNITY BOARD APPLICATION CLEAN LAKES ALLIANCE

150 East Gilman St, Suite 2600, Madison, WI 53703 (608) 255-1000

Date:			
Name:			·
Preferred method of co	ontact: [] Work	[] Residence	
RESIDENCE:			
Address:			
Cell Phone:			
EMPLOYER:			
Company Name:			
Your Title:			
Work Phone / Ext:			
·	. •	d memberships that you serv rofessional, recreational, relig	
Organization	Role/Title		Dates of Service
Please list any groups, or Lakes Alliance	ganizations, or businesse	es that you could serve as a li	aison to on behalf of Clean
Lakes Amarice			



Skills, experience, and interests (Please circle all that apply)

Finance, accounting	Agriculture	
Personnel, human resources	Public policy, advocacy	
Administration, management	Technology Environmental stewardship	
Nonprofit experience	Special events	
Community service	Fundraising	
Policy development	Outreach, advocacy	
Public relations	Other	

Education/Training/Certificates			
Optional – Have you received any awards or honors that you'd like to mention?			
How do you feel Clean Lakes Alliance would benefit from	m your involvement on this board?		
Please circle any Clean Lakes Alliance committees on	which you currently serve, or for which you are		
interested in serving			
Advancement Committee	Fore! Lakes Golf Committee		
Committee on Strategic Implementation	Frozen Assets Committee		
Economic Impact and Policy Committee	Governance Committee		
Engagement Committee	Loop the Lake Committee		
Finance Committee			
[] I have read and agree to fulfill the expectations of hei	ng a board mambar as outlined on the attached		
[] I have read and agree to fulfill the expectations of bei	-		
form, including donating and attending the required num	iber of meetings, and agree to the stated roles		
and responsibilities.			
Signed:	Date:		