



Board Candidate Application

Name _____
Nickname

Place of Employment _____
Type of Business

Business Mailing Address _____
City _____
Zip Code

Business Phone _____
FAX Number _____
Email Address

Job Title Send Snail Mail to: Work Home

Home Address _____
City _____
Zip Code

Home Phone Number / Cell _____
How Long Have You Lived / Worked in the Cambridge Area?

Other business and professional organizational memberships: _____

Previous Cambridge Main Street Involvement: _____

Why you want to serve on the CMS Board: _____

What do you feel you bring to this board: _____

By filling out this application, I understand that I am committing to the required volunteer hours (minimum 8-10/mo.) as recommended by Heritage Ohio. As a Board Member, I will pay a membership fee so that the Organization can have 100% Board participation. I will attend at least 10 board meetings a year, and in the unfortunate event that I cannot attend, will notify the Executive Director or Board President of my absence.

Date of Application: _____ Signature: _____