Friends of the Fullerton Arboretum Board of Directors Application

Name	Phone		
Address	City	Zip	
Occupation			
Years Lived/Worked in the	area		
Educational Background/D	Degrees		
Arboretum/Museum/Educ	cation or other related activities o	r Honors	
List any related board, con years served:	nmittee or commission on which	you have served and	
1.			
2.			
3			
Organizations to which you	u belong		
1			
2			
3.			

Briefly state why you wish to serve you believe you are qualified for (Attach additional pages if necess	ve on the Friends of the Fullerton the position. Please be specific. sary)	Board and why
Check all that you would be willing	ng to do;	
Executive Leadership	Major Fundraising	
2 year term as President	2 year term as Treasurer	
2 year term as Secretary	Other	
References-		
1 Name	City	Phone
2		
Name	City	Phone
I understand that any or all inforthe release of this information for Board.	mation on this form may be verifior publicity purposes only if I am s	ied. I consent to selected for the
Signature	Date	
Please return to		
	of the Fullerton Arboretum 200 Associated Road	

Friends of the Fullerton Arboretum 1900 Associated Road Fullerton California 92831 657-278-4010 Email: friendsfullarb@gmail.com

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