



APPLICATION – BOARD MEMBERSHIP

Contact Information

Name _____
Email Address _____
Street Address _____
City, State, Zip code _____
Telephone Number _____
Cell Phone Number _____

Employment Status

Employed? _____
Company: _____
Street Address _____
City, State, Zip code _____
Title/position _____

Please Describe Community and Professional Involvement and Memberships.

Why do you want to join the Board of Directors for GLS?

What will you bring to GLS?

Date: _____

Signature: _____