

Thief River Falls Skating Club
Board of Directors Application Form

Name _____ Phone _____

Address _____

Email: _____

Are you a current USFSA member? YES or NO If yes, how many years? _____

Relevant Experience and/or Employment:

Why are you interested in our organization?

Area(s) of Expertise/Contribution you feel you can make:

Other volunteer commitments:

References (with contact information):

**Please mail application to: TRFSC; ATTN: Nominating Committee; P.O. 86; Thief River Falls, MN 56701*
*or email to pat.brickson@trfskating.com **

APPLICATIONS NEED TO BE POSTMARKED OR EMAILED BY FRIDAY MARCH 26TH 2010
