

Application for Main Market Co-op Board Position

The information you provide on this questionnaire will be used by the
Main Market Board Nominating Committee in considering your nomination.

I am a current member of the Main Market Co-op Yes ___ No ___

Last name

First name

Middle initial

Home street address

City

State

Zip

Work street address

City

State

Zip

Preferred phone number

email

Education
(High)

Major

Degree

Date

(College)

(Graduate)

Organizations and Civic Experience

Organization/Project

City / State

From / To

References

The following three individuals are qualified to comment on my capabilities.

Name	Relationship	Address	Phone
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OATH OF APPLICATION

I CERTIFY UNDER OATH that I have read and understood all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

AUTHORIZATION FOR REFERENCE CHECK. I hereby authorize any individual, company, or institution with whom I have been associated to furnish the Main Market Co-op any pertinent information concerning my application for a board position at the Main Market Co-op which they may have on record or otherwise. I do hereby release the individual, company, or institution and all individuals connected therewith from all liability for any damages whatsoever incurred in furnishing such information. Initials here _____

Signature of applicant _____

Date _____

Please attach your current resume with work experience then mail or email to:

MMC Nominating Committee, 1720 W. 14th Spokane, WA 99204

board@mainmarket.coop Subject: Nominating Committee