## Board of Directors Application

Name		
Address		HUMBOLD1
City, ST ZIP		STATE LINIVERSITY
Day Phone	Evening Phone	ACCOCLATION
Fax	Email	
HSU grad/attendance year	Major	
Current Occupation		
If retired, former occupation		
Are you a member of the HS	U Alumni Association? ☐ Yes ☐ N	No
Would you be able to regula	ly attend quarterly Board meetings?	☐ Yes ☐ No
Board members generally ser a year to the association? []		to commit approximately 15-20 hours
What special skills or talents	could you bring to the Board?	
Please list any Business Affilia	tions	
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Briefly state why you are inte	rested in serving on the HSU Alumn	i Association Board of Directors.
Date of Application		

Please complete and return this application to the Humboldt State University Alumni Association.

Humboldt State University Alumni Association Siemens Hall #215 I Harpst Street Arcata, CA 95521 OR Fax: (707) 826-5148

Please call if you have any questions: (707) 826-5107