



AL HIRA COMMUNITY CENTER

140 West Commercial Street, Wood Dale, IL 60191

www.alhiracommunitycenter.org

APPLICATION FOR ALHIRA BOARD

(Please Print or Type)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

ARE YOU OVER 21 YEARS OF AGE? YES _____ NO _____

ARE YOU A CURRENT MEMBER OF ALHIRA? YES _____ NO _____

PLEASE LIST THE OPEN POSITION ON THE BOARD YOU WISH TO
RUN FOR AND YOUR QUALIFICATIONS:

POSITION: _____

QUALIFICATION(S): _____

I HEREBY AGREE TO PROVIDE VERIFICATION OF THE ABOVE
INFORMATION PRIOR TO ELECTIONS AND TO ABIDE BY THE
BYLAWS AND RULES OF THE AL-HIRA COMMUNITY CENTER.

Signature: _____ *Date:* _____

Printed Name: _____