



BOARD OF DIRECTORS MEMBERSHIP APPLICATION

NAME (PLEASE PRINT LEGIBLY) _____
CELL PHONE NUMBER

MAILING ADDRESS

CITY _____
STATE _____
ZIP

EMAL ADDRESS _____
OCCUPATION:

Personal References: *(List 2 people whom you have known for a minimum of 1 year)*

Name	Phone Number	Relationship / Years known

Organizations/Activities:

Please list any boards, committees, clubs, political or social activities past or present that may be applicable.

What has been your past and/or current involvement with the SAILA organization or similar organizations?

If elected how are you willing to contribute to the SAILA organization, its youth membership and the SAILA Board of Directors?

I understand that if elected as a member of the Board of Directors of the SAILA organization, I have an ethical responsibility to ensure that the organization does the best work possible in pursuit of its goals. I believe in the purpose and the mission of the organization, and I will act responsibly and prudently as its steward. As part of my responsibilities as a board member:

- I commit to actively participating in a minimum of 50% of the board meetings
- I commit to volunteer as a part of the worker base of SAILA at the various shows
- I recognize that all board of directors members are elected for a three year term
- I commit to assist in obtaining donations for awards and sponsorships
- I commit to understanding, abiding by and up-holding the SAILA Show Rules

SIGNATURE OF APPLICANT _____
DATE