

Application for First Alternative Board of Directors



Name _____

Address _____

E-mail _____

Phones (note preferences) _____

Home: _____ Work: _____ Cell: _____ Fax: _____

First Alternative Owner Share #: _____

Note: You must be the voting owner of First Alternative to apply for this position. If you need clarification of your position, please call customer service at 541-753-3115 (South) or 541-452-3115 (North).

Please provide some information about yourself in the following areas. Note: Your name and any of the following information may be published in The Co-op Thymes.

Education: [Degrees held, schools attended, relevant coursework]

Present Occupation:

Business Experience: [Consider your previous occupations, business training, etc.]

Community Involvement: [Include volunteer service, fund-raising, outreach, etc.]



References

Please list references, one professional and one personal.

Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____

How long and in what context has this person known you? _____

Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

E-mail: _____

How long and in what context has this person known you? _____

Please return this completed application to Customer Service at the South Store, marked
ATTENTION: BREC or e-mail to committee chair (hexagon@exchangenet.net).
Deadline is Friday March 25th, 2011.

