

Application for Position of Director

Name: _____
Number: _____

Member

Address: _____
Number: _____

Telephone

Employer: _____

Current

Nominating Member's Name: _____

Nominating Member's Co-op #: _____

Please provide details of related experience:

Name of Institution	Position Held	Phone # of Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Given the opportunity to serve as a director, please provide in detail the major goals that you see as vital for the continued growth and success of the Tappen Co-op.

Please Provide Three References:

Name of Reference, Phone # and Email

Signed: _____ Date: _____

Printed Name: _____

If required, candidates' submissions may be provided by way of a separate document