

Thompson Community Foundation

Board Member Application

Name: _____

Address: _____

Phone: _____

Fax: _____

E-Mail: _____

Resident of Thompson for how long?: _____

Past Volunteer Experience:

ORGANIZATION	POSITION	ADDITIONAL COMMENTS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What do you feel you can offer as a member of the Thompson Community Foundation board?
(Please feel free to attach any additional information you wish)

Please send completed Board Member Application to:

tcf@mymts.net

or

Thompson Community Foundation Box 1074 Thompson, MB R8N 1N9

