



BOARD CANDIDATE APPLICATION FORM

Name: _____ Title: _____ Date: _____

Company Name: _____

Office Phone: _____ Cell Phone: _____

E-mail Address: _____

Referral Made by: _____

Industry Segment:

- Collision Repair
- Insurance
- Education, Training & Research
- Vehicle & Parts OEM
- Non-OEM and Used Parts Suppliers
- Tool, Equipment & Supply Manufacturers & Distributors
- Paint Manufacturing
- Estimating Service Providers
- Related Industry Services
- Other: _____ (list)

Years in Industry: _____

Industry Organizations/Affiliations:

Industry Organization/Affiliation: _____
Position/Committee: _____

Industry Organization/Affiliation: _____
Position/Committee: _____

Industry Organization/Affiliation: _____
Position/Committee: _____

Industry Organization/Affiliation: _____
Position/Committee: _____

Indicate experience and/or expertise you have in the following areas:

- Finance/Investments/Budgeting
- Process Improvement (i.e., Six Sigma, etc.)
- Board Governance (Bylaws, Minutes, Policies, etc.)
- Strategic Planning
- Succession Planning
- Fundraising
- Marketing
- Other.....

Volunteer & Professional Activities (please list):

Individual Philanthropic Activity and Experience (please list):

What do you feel your key contribution(s) would be as a Board Member? _____

Other Comments: _____

I VERIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature

Date