

Board of Directors Application

		Date	
Name Address			
Er	nail		
1.	MFMII organization?	I organization or what is your understanding of the	
2.	2. Why would you like to become a MFMII Board Member?		
3.	What background or experience do you have the A. Musical contacts for materials or services:	ackground or experience do you have that would contribute to MFM II's success? sical contacts for materials or services:ancial resources (networking, budgeting, grant writing):	
	C. Administrative / Board experience		
4.	. Does your employer or that of your spouse include a corporate giving or matching funds plan?		
5.	. What is your preference for monthly board meetings? (Lunch, evening, day of week)		
6.	How did you learn about MFMII?		
	A MFMII Staff, Board Member Docent, Liaison	E School PTA, Site Council, Staff	
	B School Concert / Presentation	F School Newsletter	
	C MFMII Community Event	G Newspaper (which one)	
	D Other (explain)		

PLEASE SEND TO MFMII, PO Box 2661, Fremont, CA 94536 or Fax to: 510-713-9879 or email <u>info@musicforminors2.org</u>.

THANK YOU FOR YOUR INTEREST IN SUPPORTING MUSIC IN CHILDREN'S LIVES.