Board Member Application

PLEASE PRINT OR TYPE ALL INFORMATION

Name: Last **First** **MI**

Street Address **City** **State** **Zip**

Mailing Address: PO Box **City** **State** **Zip**

Phone: **Cell:**

Email:

Area(s) of Expertise:

Please give us a reason for your interest in a position on CREATE's Board of Directors. (If more space in needed, please attach a separate sheet.)

900 W 4th St – PO Box 1173, Newport WA 99156
Phone: 509 / 447-9277

CREATE

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