



Board of Directors Application

Thank you for your interest in joining Pennsylvania Horse Shows Association Board. Please complete this form to provide useful information about yourself to be considered for PHSA Board of Directors. The following information will be shared with the current board members.

Your name: _____

Your cell phone number: _____

Your address: _____

Your email address:

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s):

1. _____

2. _____

3. _____

4. _____

Which of your skills would you like to utilize on the Board? Check those that apply:

- | | | |
|----------------------------------------------------------|-----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Regional Program
development | <input type="checkbox"/> Financial management | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Events management | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Social Media |
| | <input type="checkbox"/> Networking | <input type="checkbox"/> Website development |

Other skill(s) of yours that you would like to utilize? _____

What would you like to get for yourself out of your participation on the Board, e.g., what types of experiences, skills to develop, interests to cultivate for you, etc.?

If you join the Board, you agree that you can provide at least 1-3 hours a month in attendance to Board and Committee meetings, and that you do not have any conflict-of-interest in participating on the Board.

Your signature: _____ Date: _____

If you are not selected as a member of the Board, or if you decide not to join, would you like to be a volunteer to assist our organization in various ways that match your skills and interests?

- Yes No Perhaps

Email completed application to nbm4016@gmail.com