



101 Robins Street • PO Box 519 • Graettinger, IA 51342 • www.udmo.com • EOE

Phone: (800) 245-6151 or (712) 859-3885 • Fax: (712) 859-3892

### UDMO Board of Directors Membership Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Please tell us why you would like to serve on UDMO's Board of Directors.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any experience (including number of years) you have had with UDMO's programs. (Are you familiar with particular services? Have you volunteered with any of our programs?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any areas in which you have expertise or skills that would benefit UDMO's Board of Directors (financial, legal, marketing, fundraising, human resources, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### References

Name	Phone	Organization or Relationship

Candidates Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Reviewed by Board:	Board Decision and Date:
-------------------------	--------------------------