



Board of Directors Application for Membership

Name: _____

Address: _____

Phone (Home): _____ Phone (Cell): _____ Phone (Office): _____

Email: _____

Occupation/Title: _____

SKILLS AND EXPERTISE

Please identify your specific skills and expertise that you believe will contribute to the Board. (Please check all that apply.)

1. Governance experience _____
2. Strategic planning experience _____
3. Theater experience _____
4. Understanding the diverse needs of the community served _____
5. Knowledge and experience of nonprofit business and management _____
6. Entrepreneurial skills and experience _____
7. Understanding of fiscal and financial matters _____
8. Other: _____

REVIEW OF DIRECTORS RESPONSIBILITIES

I confirm that I have reviewed the following and agree that if I am appointed as a director of MPA:

1. I will support the Mission, Vision and Values of MPA _____
2. I will abide by any and all policies of the MPA Board of Directors _____
3. I will cooperate and assist the Board of Directors to fulfill its responsibilities to MPA _____
4. I will exercise my powers and discharge my duties as a director as required by law _____
5. I will submit to a criminal reference check _____

REFERENCES

Please supply name, address and telephone number.

- 1.
- 2.
- 3.

Signature of Applicant

Date

SUBMISSION OF APPLICATION

Please submit this application and a résumé with covering letter to:

Attn Board President at info@metropolitanperformingarts.org