



The Valdez Museum

& HISTORICAL ARCHIVE ASSOCIATION, INC.

Application for Appointment to the Board of Directors for the Valdez Museum & Historical Archive Association, Inc.

Date _____

Name _____

Residence Address _____ Mailing Address _____

Telephone Number Daytime _____ Evening _____

Occupation _____ Employer _____

Please check the main reason(s) for applying for appointment to the Board of Directors

_____ I have expertise in the field of _____ I want to use to benefit the Museum.

_____ I want to become more deeply involved in Museum activities.

_____ I am interested in the history of our community and region.

_____ I am committed to the perpetuation of a strong Museum & Archive program.

_____ Other _____

Please explain in greater detail those items you have checked.

How did you learn of this vacancy?

Media ___ Word of mouth ___ Other _____

Signature _____

***Please return this form to City Clerk, P.O. Box 307, Valdez, AK 99686