

# HAVERFORD TOWNSHIP ADULT SCHOOL

Post Office Box 806  
Havertown, PA 19083

## MEMBERSHIP APPLICATION: BOARD OF DIRECTORS

NAME \_\_\_\_\_ PHONE (DAY) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (EVE) \_\_\_\_\_

\_\_\_\_\_ E-MAIL \_\_\_\_\_

Haverford Township resident? \_\_\_\_\_ How many years? \_\_\_\_\_

Have you taken courses at the HT Adult School? \_\_\_\_\_ How many \_\_\_\_\_

Have you ever taught at the HT Adult School? \_\_\_\_\_

How do you see the role of the Adult School in our community? \_\_\_\_\_

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

What do you feel you could contribute to the Adult School by being a member of the Board of Directors? \* \_\_\_\_\_

\_\_\_\_\_

What functions or assignments would be of greatest interest to you? Check as many as you wish.

1. Course development \_\_\_\_\_
2. Marketing and Publicizing HTAS \_\_\_\_\_
3. Brochure preparation \_\_\_\_\_
4. Developing budgets & financial procedures \_\_\_\_\_
5. Board/volunteer recruitment & development \_\_\_\_\_
6. Other areas \_\_\_\_\_

\_\_\_\_\_

\*Please use the reverse side of this application to describe any personal experience/skills in the following areas you feel might be pertinent to service on HTAS Board of Directors. Include employment, vocational experiences, community service, hobbies, and experience on other boards.

Thank you for taking the time to complete this application form and for offering your time and talents. The Board of Directors will review your application at its next scheduled business meeting. You will be contacted as soon as this has been completed. We will invite you to a Board meeting at which time you will have the opportunity to meet the members, observe our meeting procedures and ask any questions you may have about the HT Adult School.