

Escondido Arts Partnership Board of Directors Application

Thank you for applying to be on the EAP Board of Directors.

This is an active Board, with members being involved with several aspects of the gallery. Please attach a brief biography and short summary of your motivations and interest in the Escondido Arts Partnership Gallery, also for becoming a member of the Board of Directors. Thank you again.

Name Date			
Mailing Address			
City	State	Zip Code	
Cell phone	En	nail	
I understand and accep	t the following: (please initial)		
as well as a \$350 financ	ial support per annum either thr	tnership, minimally at the Associa ough the purchase of Panache tick ns for making this financial contrib	kets,
I will attend monthly Bo (unless otherwise noted	oard meetings on the third Thurs d)	day of each month	
I will support the organ promoting, or financial	_	special events by way of attending	, planning,
· ·		ving areas: receptions, special ever lucational classes, community out	
I am able to develop an opportunities, ongoing		with strategic partners, i.e., sponso	or
I am able to function as	a community liaison, public rela	tions, marketing, social media	
I understand that this a	pplication will be presented to th	ne EAP Board of Directors for cons	ideration.
 Signature		 Date	