NPSAS Board Candidate Information Form

Print this form and return the completed application to the address below. Use reverse side or attachment to provide additional information

Name of Candidate:			
Organization:			
Address:			
City:	State:	Zip:	
Daytime Phone:	Evening:		Cell:
Email:			
If this is a referral please list the	source for this referral:		
Community leadership roles and	I/or board service (indica	ate whether p	ast or current):
Areas of knowledge/experience	:		
 Accounting Economic Development Fundraising Farming Conservation Practices Sustainable Community Development 			Community Supported Agriculture Organic Commodity Ranching Legal Marketing/PR Other - Please elaborate below:
Please elaborate on knowledge/e	experience that would be	e valuable to N	NPSAS:
Personal Skills and Qualities: Support for NPSAS mission Group process skills Community leadership experience Other - please elaborate below:			Willing and able to work Project leadership skills Access to donors
Other Boards currently sitting:			
Please return this form to: Nor P.O. Box Moorhe 218-331	276 ad MN 56560	Agriculture So	ociety

director@npsas.org