## WESTERN NEUROPATHY ASSOCIATION (WNA) APPLICATION FOR THE BOARD OF DIRECTORS

Thank you for your interest in serving WNA.

Please complete the application form and email it to the name and address shown below. **Note:** You must be a paid member of WNA by the date you are elected to the Board of Directors.

Name:	
Last	First
Address:	<del></del>
City:	State: Zip:
Primary Phone:	
Email (required):	
Occupation:	
If retired, please indicate your primary profession now or before retirement.  What do you hope to achieve by joining the Board?	
Which of the following skills would you bring to the o	rganization?
Accounting/Financial Management	Technology Skills/Web Administration
Fundraising	Legal
Medical Expertise	Minority Outreach
Newsletter Editing	Organizational Development
Publicity/Media Relations	Secretarial
Marketing	Strategic Planning
Board/Chapter Governance/Relations	Grant Writing/Administration
Briefly describe your experience in any of the skills ch	necked above:
Do you have regular/reliable access to a comp	puter/email?
<ul> <li>Are you able to participate in board of director teleconference or webinar?</li> </ul>	•
Are you able to devote approximately 10 hou	irs per month to board and organization activities?
Please attach your most recent resume and any addi	itional comments you would like to make.
Email this completed form and your attachments to: p	pamula1@hotmmail.com – Attention Board of Directors