BEDFORD CITY SCHOOLS FOUNDATION

APPLICATION FOR MEMBERSHIP

MISSION STATEMENT:

Enhancing the educational experience by providing resources to promote excellence in teaching and learning.		
Name	Date	
Address	City	
Home telephone	Cell phone	
Please answer the following questions in order to assist the committee in reviewing your application for membership.		
1. What is the reason for your interest in serv	ving on the Board of Trustees?	
 Have you ever participated in any Founda Please list any community/volunteer active 		
4. If you are currently employed, who is you If you are not currently employed, what a		
5. Are you able to attend regularly scheduled	d meetings? Morning? Evening?	
 Has any Foundation Board member conta membership? If so, please list name. 	cted you personally about possible Board	

Foundation Activities	Board Administration	
Holly Ball Golf Outing Bedford Automile Race Scholarship Committee Teacher Grants Committee Fund-Raising Cultural Programs Other:	Membership Public Relations Fellowship Internet/Web Page Accounting Student Programs Alumni Relations Other:	
8. Is there anything else that you would like to share with the committee that will be considering your application?		
9. I understand that, if accepted for membership, it will be my duty to regularly attend Foundation board meetings and participate in Foundation events. I hereby give my permission for the membership committee to review my application and to make a recommendation for membership if accepted.		
Potential member's signature		
Today's date		
10. Thank you for your interest in our organ Marty A. Motsco, Esq., Presi Bedford City Schools Founda 17345 Tall Tree Trail Bainbridge, Ohio 44023	dent	

7. Please circle the topics that interest you: