



# Bloomington Sister City Organization BOARD MEMBERSHIP APPLICATION

*Please mail or fax the completed form to the BSCO Office at the address below.*

Name	Employer
Address	Position
Zip	
Home Phone	Business Phone
<b>EXPERIENCE</b> <i>As applicable to board membership.</i>	
<b>CIVIC PARTICIPATION</b>	
<b>BACKGROUND AND INTERESTS</b>	
<b>WHY DO YOU WISH TO BE APPOINTED?</b>	
Applicant Signature _____	Date _____