

CDOA COMMITTEE APPLICATION FORM

**(Please print out this form and fax it to 415-441-1816
or mail it to Club Donatello, 501 Post St., San Francisco CA 94102)**

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: () _____ CELL: () _____ FAX: () _____

E-MAIL: _____

Educational Background _____

Occupation: (If retired, previous occupation) _____

Please indicate the Committee(s), Advisory Group and/or Task Force you are interested in serving on, with 1 being your first choice, 2 your second choice etc.

- | | |
|--|---|
| <input type="checkbox"/> SOCIAL & EDUCATIONAL EVENTS (S.E) | <input type="checkbox"/> FINANCIAL MANAGEMENT (FMC) |
| <input type="checkbox"/> CC&R's, RULES AND BYLAWS (CBR) | <input type="checkbox"/> NOMINATING (NC) |
| <input type="checkbox"/> HUMAN RESOURCES MANAGEMENT (HRM) | <input type="checkbox"/> LEGAL ADVISORY GROUP (LAG) |
| <input type="checkbox"/> INVESTMENTS (IC) | <input type="checkbox"/> LEGISLATIVE AFFAIRS (LA) |
| <input type="checkbox"/> MARKETING (MC) | <input type="checkbox"/> RISK MANAGEMENT (RMC) |
| <input type="checkbox"/> OTHER | |

Why are you volunteering to serve on this (these) Committee(s)? _____

Describe any prior experience you have had related to serving on this (these) Committee(s).

Additional information: Is there anything else concerning your interests, qualifications, experiences, etc. which you wish to share with the Nominating Committee?

Candidate Signature: _____ Date: _____