



LET'S MAKE A DIFFERENCE

P.O. Box 241, Medina, OH 44258
(330)667-0085

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www.lmadmedina.org

Board Member Application

Name _____ Date _____

Home Address _____

Home Phone _____ Cell Phone _____

Preferred Email Address _____

Work Address _____

Work Phone _____

Current Position and/or Professional Title _____

Other community involvement or positions _____

Why are you interested in serving on the LMAD Board? _____

Areas of Interest or Expertise:

Accounting	Fundraising	Law Enforcement	Technology
Business	Grant Writing	LMAD/ACE Parent	Other:
Education	Human Relations	Marketing	
Finance	Law	Social Work	

May your name be used on LMAD stationary, newsletters or other printed material? _____