

CHAKOTA THERAPEUTIC RIDING CENTER

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Why do you wish to be a member of the Chakota TRC Board of Directors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel are your qualifications?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where do you see Chakota TRC in five years?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of responsibility: If I am appointed to the position for which I have applied I agree to abide by the Chakota TRC By-laws and other governing documents of Chakota TRC.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only

\_\_\_\_\_  
President's signature

\_\_\_\_\_  
Secretary's signature

Date of approval \_\_\_\_\_

Date of termination \_\_\_\_\_

Reason for termination – Choose one and specify:

Resigned: \_\_\_\_\_

Removed: \_\_\_\_\_