

Referred By _____ Date Received _____ Date Reviewed _____

LAKESIDE ASSOCIATION BOARD OF DIRECTORS APPLICATION

Name _____

Home Address _____ Tel. # _____

City _____ State _____ Zip _____

Email: _____ Cell# _____

Lakeside Address: _____ Tel# _____

Spouse's Name _____

Current property owner? Yes ___ No ___

Number of years you've owned property _____

Previous property owner? Yes ___ No ___

Number of years you owned property _____

Summer resident _____ Year-round resident _____

I normally stay in Lakeside _____ days or _____ weeks per year

I have been coming to Lakeside for _____ years

Occupation _____ Title _____

Currently employed: Yes ___ No ___ Full-time ___ Part Time ___

Level of Education completed:

High School_____ Undergraduate Degree_____ Graduate Degree_____

Degree & Year granted _____

Institution, City & State_____

Major_____

Religious affiliation/membership:_____

Boards or committees you have served on in your religious organization:

Active volunteer in the following organizations (specify organization & role):

Corporate or not-for-profit Boards (specify position):

Elected or appointed positions on Federal, State or City government:

Membership in service clubs, civic or professional organizations:

What Lakeside activities do you participate in or attend regularly?

What activity or aspect of Lakeside is most important to you?

What activity or aspect of Lakeside do you believe is most in need of improvement?

Identify specific management/leadership skills you would contribute as a Board member.

Of the five standing committees of the Board, please rank them in order from 1 to 5 with 1 being your first choice:

Finance _____
Human Resources _____
Marketing/Guest Services _____
Municipal Services _____
Program _____

Do you contribute annually to the Lakeside Chautauqua (formally Annual) Fund?
Yes _____ No _____

Please attach a current vita, and use additional pages as needed, including your thoughts regarding the important issues facing Lakeside, and what the Lakeside Board of Directors could do to better serve its constituents.

Signature _____

Date _____

PLEASE SUBMIT A HARD COPY OF THIS APPLICATION
TO THE ASSOCIATION OFFICE.