



BOARD OF DIRECTOR INTEREST FORM

NAME: _____

PROFESSIONAL AFFILIATION: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

WHY DO YOU FEEL THAT YOU SHOULD BE CONSIDERED FOR MEMBERSHIP IN THE PCCF BOD

WHAT ATTRIBUTES CAN YOU BRING TO THE PCCF BOD

WHAT AREA OF MEMBERSHIP IS OF GREATEST INTEREST TO YOU

_____ PROGRAM SUPPORT	_____ SCHOLARSHIP SUPPORT
_____ SPECIAL EVENT SUPPORT	_____ FINANCIAL MANAGEMENT
_____ ORGANIZATIONAL SUPPORT	

Return this form to the PCC Foundation – 900 W Orman Ave AB194, Pueblo, CO 81004