



Kitsap Community & Agricultural Alliance

Board Membership Application

Name: _____

Phone: _____ Email: _____

Address: _____

Relevant experience and/or employment:

Why are you interested in our organization?

Area(s) of expertise/contribution you feel you can make:

Please return this application via the following method: (1) Return to your recruiting KCAA member, (2) via e-mail to info@kitsapag.org, or (3) Send to this address: KCAA, P.O. Box 6004, Bremerton, WA 98312.

Contact us at: 360-355-9413, or at info@kitsapag.org

For Board Use

___ Nominee has had a personal meeting with either chief executive, board chair, or other board member. Date _____

___ Nominee reviewed by the committee. Date _____

___ Nominee attended a board meeting. Date _____

___ Nominee interviewed by the board. Date _____

Action taken by the board _____
