



Cape Verdean Sub-Committee

150 Benefit Street,
Providence, Rhode Island

Membership and/or Board of Directors Candidate Application

Name _____ First
Middle Last

Residence

Address _____

Phone _____ E-mail _____

Would you like to participate in our networking meetings? Y N Profession: _____

Interested in joining as a member _____ **Annual Dues: \$10.00 (WAIVED THIS YEAR)**

Interested in serving as director _____ Only members are eligible to serve as directors

If interested in serving as a director, please complete portions 1- 4. If not, skip to the end.

1. Please **briefly** describe your academic and professional background:

2. Please list any prior experience as a member or director of other non-profit organizations:

3. Please describe the contribution you feel you can make to further the mission of the Subcommittee:

4. Please share or attach any other information you feel important for consideration of your application:

Signature of applicant: _____ Date _____

Thank you very for your time

