

**CONQUER MG BOARD OF TRUSTEE APPLICATION**

Please provide the following information. If additional space is required, you may submit a separate document.

**GENERAL INFORMATION**

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

Title(s): \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Of the options above, the best way to contact me is: \_\_\_\_\_

**EXPERIENCE**

List specific skills or experience you will bring to the position:

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Why do you want to serve on the Conquer MG Board of Trustees?

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List any involvement with Conquer MG or knowledge of the disease. (Note: previous involvement and knowledge are not a prerequisite for serving on the Board.):

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List any other boards or committees on which you have served and dates of service:

Organization/Position/Committees	Dates of Service
_____	_____
_____	_____
_____	_____
_____	_____

List any additional information you feel is relevant that this application has not covered:

\_\_\_\_\_

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**REFERENCES**

List the name and contact information of three people to act as references to support your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial the following to acknowledge your agreement:

\_\_\_\_\_ I agree that I have reviewed the **BOARD EXPECTATIONS** and that if selected to serve I have the time, resources and support to allow me to meet the expectations outlined. I further recognize that the term I am applying for is a 3-year term. I understand the Board may elect to change expectations from time to time, and therefore I may need to sign an updated form in future years or terms of my office.

\_\_\_\_\_ I agree that I have reviewed the expectations of Conquer MG Board of Trustees, and that I understand the pillars that guide the work, and that if selected I will comply with the fiduciary and managerial obligations of my position.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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