



EDINA BASKETBALL ASSOCIATION APPLICATION FOR BOARD MEMBERS

Name _____ Address _____ City _____ State _____ Zip _____	Date _____ Phone _____ Email _____
Business _____ Address _____ City _____ State _____ Zip _____	Phone _____ Email _____

Do you travel for work? Yes _____ No _____ How much do you travel? _____ Do you feel you have enough time to devote to the EBA? Yes _____ No _____
Do you have children? Yes _____ No _____ What are their ages? _____ What school(s) do they attend? _____

Basketball Background:

High School
 College
 Other

Where	Position	Years

Interest / Skills:

Check all that apply

House <input type="checkbox"/>	Administration <input type="checkbox"/>	Communication <input type="checkbox"/>
Travel <input type="checkbox"/>	Apparel / Equip <input type="checkbox"/>	Finance <input type="checkbox"/>
Rec League <input type="checkbox"/>	Coaching <input type="checkbox"/>	Other (List below) <input type="checkbox"/>

Why do you want to become an EBA board member? (Please continue back of application if necessary)
