



EDINA BASKETBALL ASSOCIATION APPLICATION FOR BOARD MEMBERS

Name _____	Date _____
Home Address _____	
City _____	State _____ Zip _____ Phone _____
Business Place _____	
Business Address _____	
City _____	State _____ Zip _____ Phone _____
Email Address _____	Fax _____

Do you travel in your business? _____	Extent of Travel _____
Do you feel you have enough time to devote to the EBA?	

Do you have children? _____	Ages _____
What school(s) do they attend? _____	

Basketball Background:

High School
College
Other

Where	Position	Years

Interest / Skills:

Check all
House League

Administrative
Traveling that apply

Equipment Management
Publicity/Communications
Other (explain) _____

Finance
Coaching

Coaching History:	Organization	Age Group	Year

Basketball References:	Name	Address	Phone

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

Email to camiflanagan@gmail.com
-or-
Mail to:
Edina Basketball Association
4801 W. 50th Street
Edina, MN 55424