

WAHCONAH COUNTRY CLUB APPLICATION FOR NOMINATION/ELECTION TO THE BOARD OF DIRECTORS

NAME:					
ADDRESS: TOWN/CITY:		STATE:		ZIP	
PHONE:	EMAIL: _				
EMPLOYED A	T OR RETIRED FROM:				
PROFESSIONA	L OR TRADE EXPERIENCE:				
HAVE YOU SE DID YOU HOL	RVED ON THE BOARD BEFO D OFFICE?	ORE? IF YES, WHEN A	AND ON	WHAT COMMIT	TEE?
NOW. IN WH	US ABOUT YOUR INTEREST AT AREA OF OPERATIONS D NAMENT, MEMBERSHIP & N	O YOU HAVE INTERI	EST? (H	OUSE, GOLF,	S
IS THERE ANY	THING ELSE YOU WOULD I	LIKE US TO KNOW?			
THE BOARD A YOU MAY AT	AND DATE YOUR APPLICAT T THE ADDRESS BELOW. Y FACH IT TO AN EMAIL AND S MUST BE IN BY THE FRIDA	OU MAY DROP IT OF SEND TO wahconahce	F AT TH :.board@	IE CLUBHOUSE. gmail.com,	OR
SUBMITTED E	Y:		DATE:	:	