

Art Connection RI 36 Park Place Pawtucket, RI 02860 401-335-3229 www.artconnectionri.org

Board of Directors Application

Please print or type information and return to: Nominating Committee c/o Art Connection-RI 36 Park Place, Pawtucket RI 02860 or Email: info@artconnectionri.org

Full Name:	Date
Address:	City:
State:	Zip:
Telephone: (home)	(Cell)
Email Address:	Fax:
EDUCATION College/University Name:	
Degree and Year:	Major(s):
Degree(s) from other institutions:	
EMPLOYMENT Current Position/Title:	
Description of your work or recent professio	nal achievements:
Do you have any current and/or past involve please explain;	ement with Art Connection-RI? If yes,



reas of experti	ise that you will bring to t	the board:
_ _ _	Visual Arts	 □ Marketing/Membership □ Legal □ Community Development □ Human Resources □ Other
riefly explain v	why you are interested in	serving on this board:
	o be nominated for the Boa d this year, please keep me	rd of Directors on the list for consideration for three (3) years
If not selected	d this year, please keep me	

Art Connection-RI requests this information for the purpose of facilitating the review process of candidates for the Art Connection-RI Board of Directors. No persons outside this agency are provided this information.