

ALUMNI BOARD APPLICATION

FIRST NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY EMAIL _____ PRIMARY PHONE _____

OCCUPATION _____

PLEASE ANSWER THE FOLLOWING QUESTIONS BELOW. YOU MAY ATTACH
ADDITIONAL PAGES IF NEEDED:

- DO YOU HAVE ANY PRIOR EXPERIENCE WITH SERVING ON A NON-PROFIT BOARD?
- IF SELECTED TO SERVE ON THE ALUMNI BOARD WHAT ARE SOME INITIATIVES THAT YOU WOULD LIKE TO IMPLEMENT?
- ARE YOU CURRENTLY A MEMBER OF THE GEORGIA STATE ALUMNI ASSOCIATION?

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ALUMNI AND EVENTS COORDINATOR, NABRIA DUNN AT NDUNNI@GSU.EDU