



Board of Directors Membership Application

Date: _____

Name: _____

Address: _____

City/State/Zip: _____ Length at this Address _____

Phone: Work or Home: _____ Cell: _____

Email Address: _____

Employer: _____

Occupation: _____

Recommended by: _____

Organizations you currently belong to (indicate position held if applicable):

Why would you like to serve on the Sunrise Theatre Foundation? What interests you about our mission/work?

Skills, experience and interests (Please check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Governance | <input type="checkbox"/> Policy Development |
| <input type="checkbox"/> Finance, Accounting | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Technology |

What officer or committee roles are most attractive to you?

Role	Right Away	Maybe In The Near Future	No Way!
Chair			
Vice Chair			
Treasurer			
Secretary			
Fundraising			
Governance			
Finance			
Advocacy			

Have you received any awards or honors you would like to mention?

Please state anything else you would like to share.

The Board meets every third Tuesday at the Sunrise Theatre. There may be times when the meetings are held virtually. Membership term is three years with the option of serving three consecutive terms.

By signing below, you affirm you have read the document outlining our board member expectations (job description) and the Sunrise Theatre Foundation Conflict of Interest Policy and you are prepared to work within these parameters.

Signature

Please send the completed application to the Sunrise Theatre Foundation, 117 South Second Street, Ft. Pierce, FL 34950. Thank you for your interest.

Mission Statement

The Sunrise Theatre Foundation enriches the lives of children and our community by providing education and outreach through the performing arts.