

## ORONO BASKETBALL BOOSTERS 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 OBBA? _____	

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

**Basketball Background:**

High School  
College  
Other

Where	Position	Years

**Interests:**  
Check all  
that apply

Administrative   
Traveling   
House League

Fundraising   
Publicity/Communications   
Other (explain)

Finance   
Coaching

Coaching History:	Organization	Age Group	Year

Why do you want to become an OBBA board member? (Please continue on back of application if necessary) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide any other skills or information that the board should consider: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Submit to: Orono Basketball Boosters Association  
705 Old Crystal Bay Road  
Long Lake, NN 55356**