

West Irondequoit Foundation

Application for Membership

Name _____

Phone Number _____

Physical/Mailing address _____

Email address _____

Eligibility Criteria (please check all that apply)

- West Irondequoit Resident or Qualified Voter
- Alumni of West Irondequoit CSD
- Current Student in West Irondequoit CSD
- Had or Have a student enrolled in West Irondequoit CSD
- Employee or Former Employee of West Irondequoit CSD

Why are you interested in becoming a member of West Irondequoit Foundation?

What relevant experience do you have that would add value to the board and its mission?

For WIF Board Use Only

Application Review:

Candidate Discussion:

Lunch with Candidate:

Review of Candidate:

Vote:

Communication: