## **TSCA BOARD DIRECTOR APPLICATION**

NSCA #	FIRST NAME	LAST NAME	
CELL PHONE		HOME or WORK	
ADDRESS		ADDRESS LINE 2	
СІТҮ		STATE & ZIP	

SPORTING CLAYS EXPERIENCE

WHY DO YOU WANT TO SERVE

CANDIDATE HAS READ TSCA BYLAWS; REVIEWED CURRENT, INDIVIDUAL BOARD DIRECTOR PROJECTS, DUTIES AS PUBLISHED.



CANDIDATE IS WILLING TO ACCEPT OVERSIGHT / EXECUTION RESPONSIBILITY FOR SPECIFIC BOARD PROJECTS, ACTIVITIES, DUTIES, INCLUDING CONSISTENT BOARD MEETING ATTENDANCE, ALL TO INVOLVE POTENTIALLY UP TO 100-300 HOURS OF SERVICE A YEAR.





SIGNATURE

## **TSCA BOARD of DIRECTOR Candidate Endorser**

NSCA #	FIRST NAME		LAST NAME		
CELL PHONE		HOME or WOR	К		
ADDRESS		ADDRESS LINE	2		
CITY		STATE & ZIP			
I support the candi			to be		

placed on the Ballot for the election of Board Director to the TSCA Board of Directors.



## **TSCA BOARD of DIRECTOR Candidate Endorser**

ISCA # FIRST NAME	LAST NAME
CELL PHONE	HOME or WORK
ADDRESS	ADDRESS LINE 2
CITY	STATE & ZIP
support the candidacy of placed on the Ballot for the elect of Directors.	to be tion of Board Director to the TSCA Board

Signature of Endorser