MAIN STREET MARSHFIELD

BOARD OF DIRECTORS APPLICATION FORM

Contact information:

Name:_____

Residence: _____ Phone:_____

Business/Employer: _____ Phone:_____

Email:_____

Share a brief summary about yourself (interests, family, work, etc.):

How do you enjoy spending time in Downtown Marshfield? What businesses do you frequent?

What interests you in being a part of the Main Street Marshfield Board?

Main Street Marshfield, Inc.
222 South Central Avenue, Suite 1G, Marshfield, WI 54449
(715) 387-3299 | info@mainstreetmarshfield.com

Share your participation in other community organizations:

Organization	Meeting Dates	Activities or Events

Share any additional questions or comments you have regarding Main Street Marshfield here:

Signature of Applicant: _____ Date:_____

If you have been nominated by a current board member, please have them sign below.

This applicant has my full endorsement and I recommend they become a member of the Main Street Marshfield Board of Directors.

Signature of Nominator: _____ Date:_____