



Indication of Interest for Seat on Board of Directors

Name _____

Address _____

Daytime Phone _____ Evening Phone _____

Email Address _____

Current Community Affiliations (Rotary, Shade Tree Commission, Garden Club, etc.)

Length of Time Residing in the Area _____

Areas of Interest within Lewisburg Neighborhoods (e.g. flooding, biking, housing, etc.)

Work Experience (paid or volunteer) _____

Other Skills _____

Time You Can Commit Monthly _____

Reason(s) you wish to join the Lewisburg Neighborhoods Board

Anything else you think we should know?

*Thank you for your interest in Lewisburg Neighborhoods.
Please submit completed form to director@lewisburgneighborhoods.org
or mail to PO Box 298, Lewisburg, PA 17837*