



Craven Concerts Board Application Form

Date _____

Name _____ Phone _____

E-mail _____ Address _____

Relevant experience and/or employment (attach a resume if relevant) _____

Why are you interested in our organization? _____

Area(s) of expertise/contribution you feel you can make _____

Other volunteer experience _____

Thank you for completing this application for board membership. Please drop it off or mail it to us in care of the Board of Directors. We will be back in touch with you.

**Craven Concerts Inc.
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