



聖瑪利諾華協
CHINESE CLUB OF SAN MARINO

Board of Director Candidate Information Sheet

Personal Information:

* First Name: Middle Name:
* Last Name: * Email:
* Address:
* City: State: ZipCode:
* Home Phone: Cell Phone:
Spouse First Name: Last Name:
Children: Yes No Ages:

Employment:

Company Name:
Position: Years Employed:

Education:

Highest Academic Degree:

History of Community Service:

▶▶ (1) Chinese Club of San Marino/Chinese School of San Marino involvement:

From: To:
Describe your involvement:

▶▶ (2) Organization:

From: To:
Describe your involvement:

▶▶ (3) Organization:

From:

To:

Describe your involvement:

▶▶ (4) Others:

Describe your involvement:

If elected on the Board, indicate the position(s) you find interesting:

- | | |
|--|---|
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Activities;Program | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Chinese School | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Mid-Autumn Festival | <input type="checkbox"/> Legal |

Personal Note: Please describe why you want to be on the Board of CCSM

Submitted by :

Date: