St. Bonaventure University National Alumni Association Board
Membership Interest Form

Date:
Name:
Home Address:
Preferred Telephone Number:
Preferred Email Address:
Graduation Year: Degree:
Additional Degrees, Certifications, and/or Awards:

1. Please describe why you would be a valuable member of the St. Bonaventure University National Alumni Association Board (NAAB):

2. Identify one of your professional strengths and tell how you would utilize it as a board member:

3. Describe how you have supported the University in the past, including volunteer efforts, financial donations, chapter participation, etc.:

4. Describe your experience in working on other boards and how you would utilize that experience to achieve the goals of the board:

5. Board members are part of the university leadership team. As such, they are expected to make a financial contribution to the University, based on his or her personal situation. Would you be willing to make a financial contribution during your board tenure:
   ______ Yes  _____ No

6. Board members are expected to fully participate in the activities of the board. This includes the following: Three on-site meetings held on campus: fall, winter, and spring. Monthly conference calls lasting approximately one hour, and periodic committee conference calls. Are you able to make this time commitment:  ____ Yes  ____ No

7. Board members are personally responsible for all expenses related to board membership, i.e., transportation, lodging, meals, etc. Are you able to make this financial commitment:  ____ Yes  ____ No

8. Please share any additional information to support your interest in serving on the board:
I understand that the above information will be shared with the University Advancement Office and the NAAB’s Nomination Committee.

Signed: ________________________________

Please mail form to Alumni Services, 3261 West State Road, PO Box L, St. Bonaventure, N.Y. 14778