



**MSOE Alumni Association  
Board of Directors Application**

**Name: (as you like to be addressed)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #: (daytime)** \_\_\_\_\_ **Phone: (evening)** \_\_\_\_\_

**E-Mail: (daytime)** \_\_\_\_\_ **E-mail: (evening)** \_\_\_\_\_

**MSOE graduate? Y or N Program(s):** \_\_\_\_\_ **Year(s):** \_\_\_\_\_

**Board Position sought:** \_\_\_\_\_

*(see Alumni Association Bylaws for a description of positions and responsibilities)*

**Why are you interested in serving on the MSOE Alumni Board?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Qualifications for serving on the board** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional Affiliations** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current employer:** \_\_\_\_\_ **Number of years:** \_\_\_\_\_

**Title/position held:** \_\_\_\_\_

**Type of industry or service provided :** \_\_\_\_\_

**Family details** \_\_\_\_\_

**Leisure activities/hobbies: (optional)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print, fill out and fax to: Cathy Varebrook, (414) 277-7480**