



THE COLD WAR MUSEUM[®]

Board of Directors Application

NAME preferred title nickname

ADDRESS CITY STATE ZIP

PHONE home work cell

EMAIL(S)

REASON FOR INTEREST IN SERVING ON THE BOARD OF THE COLD WAR MUSEUM:

COLD WAR SERVICE OR EXPERIENCE:

NONPROFIT or MUSEUM SERVICE OR EXPERIENCE:

The Cold War Museum
PO Box 861526 Vint Hill, VA 20187
(7172 Lineweaver Road, Vint Hill)

Phone: (540) 341-2008

Fax: (866) 479-3987

www.coldwar.org

EDUCATION HISTORY:

CURRENT PROFESSION & EMPLOYER:

Is your current employer/company a Matching Gift company? _____

PAST PROFESSIONS/POSITIONS RELEVANT TO THE MUSEUM:

MEMBERSHIPS IN ORGANIZATIONS or CLUBS:

PLEASE MARK ANY OF THE FOLLWING AREAS WHERE YOU HAVE EXPERIENCE OR INTEREST:

- | | |
|--|---|
| <input type="checkbox"/> Cold War History | <input type="checkbox"/> Board Development/Leadership |
| <input type="checkbox"/> Museum Operations & Planning | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Museum Collections | <input type="checkbox"/> Technology or Web Design |
| <input type="checkbox"/> Nonprofit Management | <input type="checkbox"/> Public Relations/Media |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Educational Programs |
| <input type="checkbox"/> Marketing or Direct Mail Solicitation | <input type="checkbox"/> Other: _____ |

I give my permission to be considered by The Cold War Museum as a candidate for the Board of Directors.

Signature

Date

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