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 FOLLOWING AREAS WHERE YOU HAVE EXPERIENCE OR INTEREST:

☐ Cold War History
☐ Museum Operations & Planning
☐ Museum Collections
☐ Nonprofit Management
☐ Fundraising
☐ Marketing or Direct Mail Solicitation

☐ Board Development/Leadership
☐ Strategic Planning
☐ Technology or Web Design
☐ Public Relations/Media
☐ Educational Programs
☐ 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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