



**Guardian Association of Pinellas County
2018-2019 Board Member Application**

Full Name: _____

Address: _____

Phone: _____ Email: _____

Guardian (Circle One): Yes No Type of Guardian: _____

OPPG # _____

How long have you been a registered Guardian? _____

Service Provider (Circle One) Yes No

Name of Company: _____

Address: _____

How long have you been a member of GAPC? _____

In lieu of answering the next two questions, please feel free to attach a resume.

Professional/Business/Volunteer affiliations:

Membership in other organizations:

Please outline what skills you would bring to the Board of Directors:

Please explain your interest in becoming a member of the Board of Directors:

Nominations will be reviewed for upcoming vacancies and will be maintained for future consideration. Thank you for your interest in serving on the Guardian Association of Pinellas County's Board of Directors.

Signature of Applicant: _____ Date: _____