



Churchill County Museum Association

Board of Trustees

Membership Interest Form

NOTE: You must become a member of the Museum Association to be on the Board.

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

CELL NUMBER _____

EMAIL _____

NUMBER OF YEARS RESIDED IN CHURCHILL COUNTY _____

WHICH PUBLIC SECTOR WOULD YOU REPRESENT?

- | | |
|--|--|
| <input type="radio"/> Military | <input type="radio"/> Education |
| <input type="radio"/> Fallon Paiute-Shoshone Tribe | <input type="radio"/> Medical |
| <input type="radio"/> City of Fallon | <input type="radio"/> Multigenerational Family |
| <input type="radio"/> Business | <input type="radio"/> General Community |

WHY WOULD YOU LIKE TO BECOME A MEMBER OF THE BOARD OF TRUSTEES?

Signature

Date