



HOCHUNK COMMUNITY **CAPITAL**

APPLICATION FOR BOARD OF DIRECTORS FOR HO-CHUNK COMMUNITY CAPITAL, INC.

APPLICANT NAME _____

APPLICANT ADDRESS _____

APPLICANT PHONE NUMBER _____

APPLICANT EMAIL _____

MY EXPERIENCE & QUALIFICATIONS FOR THIS POSITION
ARE: _____

I AM CURRENTLY ON THE FOLLOWING
BOARDS/COMMISSIONS/COMMITTEES:: _____

DO YOU RESIDE IN THURSTON COUNTY OR ADJOINING COUNTIES IN NEBRASKA & IOWA? _____

ARE YOU ENROLLED WITH ANY FEDERALLY RECOGNIZED TRIBE? _____ IF SO, NAME
TRIBE _____

APPLICANT SIGNATURE _____

DATE _____