



Board of Directors Nomination Form

Thank you for your interest in serving on the WSFMA Board of Directors.

- Please bring the completed form to the Annual Meeting of Members of the Washington State Farmers Market Association (WSFMA) on Saturday, February 4, 2017 at the Semiahmoo Resort, Blaine WA at 10:00am. Information on candidates nominated in person will not be distributed to members in advance of the Annual Meeting.

Name:		
Business / Market Name:		
Address:		
City:	State:	Zip:
Phone:		
Email:		
Please provide a brief description of your current position and/or involvement with farmers markets.		
Why you are interested in serving on the WSFMA Board? What skills and / or experience do you hope to contribute to the organization?		



WASHINGTON STATE Farmers Market Association

Do you have education and/or experience in any of these specific areas? Check as many as apply.			
Non Profit Management	<input type="checkbox"/>	Communications / Marketing	<input type="checkbox"/>
Farmers Market Management	<input type="checkbox"/>	Information Technology	<input type="checkbox"/>
Fundraising	<input type="checkbox"/>	Advocacy / Policy	<input type="checkbox"/>
Accounting	<input type="checkbox"/>	Organizational Development	<input type="checkbox"/>
Project Management	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Have you reviewed the Board of Directors Job Description, and can you meet the following? Y / N			
Expectations of Board Members			
<ul style="list-style-type: none"> - Serve a full term (usually two years) - Attend monthly board meetings (in person or via conference call) - Willingly collaborate and share information with staff and board members to help strengthen the organization - Attend an annual retreat - Review agenda and supporting materials prior to board and committee meetings - Actively work on one or more committees - Participate in special projects as needed - Demonstrate dedication and commitment to WSFMA's mission - Board members can expect to volunteer 10 to 12 hours per month 			

I certify that the information I have provided is true and accurate to the best of my knowledge.

Print Name:	
Signature:	Date: