

Savannah Area Tennis Association
Application for Board Consideration

Name _____

Home phone _____

Home Address _____
Street, City, State, Zip

E-Mail _____

Cell phone _____

Employer _____

Business phone _____

Occupation _____

Education Level _____

Please indicate which Board or Volunteer position you are applying for with an “X” in the appropriate box.

If more than one position is acceptable, please indicate order of preference by using a 1, 2, or 3.

- | | | |
|---------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> President | <input type="checkbox"/> Vice-President | <input type="checkbox"/> Committee (marketing) |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Treasurer | <input type="checkbox"/> Committee (fundraising) |
| <input type="checkbox"/> Local League Coordinator | <input type="checkbox"/> Coordinator (other) | <input type="checkbox"/> Tournaments, Events, Other
Specify _____ |

Please list other volunteer positions that you have held (*include dates and number of years*):

What attributes/special skills do you feel you would bring to the SATA as a Board Member?

Other interests, activities, hobbies:

Please include any other information that you feel the Nominating Committee should consider:

E-mail your completed application to Carly Toyzan at carly@savannahtennis.com