

**Children's Museum of Fond du Lac**

**Board Member Application Form**

<b>Name:</b>	
<b>Address:</b>	
<b>Phone Number(s):</b>	Home: Work: Other:
<b>Affiliations:</b>  (Please list your volunteer / professional affiliations)	
<b>Statement:</b>  Please state why you are interested in serving on the Children's Museum Board of Directors:	
<b>Other:</b>  Please indicate any other factors that we should consider in reviewing this application.	

*Thank you for completing this application. Please mail to the Children's Museum offices at 51 Sheboygan Street, Fond du Lac, WI 54935*