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UNALASKA COMMUNITY BROADCASTING
KUCB 89.7 FM | CHANNEL 8 TV

CORNER OF 5TH & BROADWAY | PO BOX 181 UNALASKA, ALASKA 99685

BOARD MEMBER APPLICATION

Date: _____ Note: Application expires one year from date received.

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

OCCUPATION: _____

EMPLOYER: _____

PREVIOUS BOARD/COMMITTEE EXPERIENCE:

Check the main reason(s) for your interest:

_____ I have expertise I want to contribute.

_____ I am interested in the activities the Board handles.

_____ I want to make sure my segment of the community is represented.

_____ Other: _____

How do you feel UCB would benefit from your involvement on the Board?

How did you learn of this vacancy?

DATE

SIGNATURE

THANK YOU FOR APPLYING!