

California Lutheran University
60 West Olsen Road, #1500
Thousand Oaks, CA 91360-9986

Alumni Board of Directors Candidate Application

Please return this application to the above address

Personal Data:

Name: _____ Birth date: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Class Year: _____ Major: _____ Email: _____

- Undergraduate
- Graduate

Spouse: _____ CLU Graduate?: Yes ___ No ___ If yes, what year? _____

Child's/Children's Names: _____ Birth date: _____
_____ Birth date: _____
_____ Birth date: _____
_____ Birth date: _____

Employment:

Position: _____ Years employed: _____

Employer: _____

Address: _____

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

Please list and groups, organizations or businesses for which you could serve as a liaison on behalf of CLU.

Are you willing to give a gift to the Annual Fund at CLU each year commensurate with your financial and leadership capabilities?

Yes ___ No ___

Are you willing to commit to four (4) board meeting per year?

Yes ___ No ___

Are you willing to attend at least four (4) CLU events (in addition to board meetings?)

Yes ___ No ___

I understand the responsibilities and financial commitment that accompany membership on the Alumni Board of Directors. I accept these responsibilities and will serve to the best of my ability. I certify that the above information is correct.

Signed: _____ Date: _____