

Application

MQHYA Officer or Director Candidate



Name: _____

Age: _____

Birth Date: _____

MQHYA Member #: _____

Physical Mailing Address: _____

City, State: _____

Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone: _____ Parent/Guardian email: _____

Shirt Size: _____

Years in MQHYA: _____

Grade: _____

List teams or committees and titles you have had with MQHYA:

Please submit completed application along with the "Statement of Intent" to the MQHA office by November 3, 2014 to be considered for a leadership position. The mailing address is MQHA, PO Box 278, Greenville, MI 48838. Any questions, please contact Nicole Veldoff at (440) 858-7823.