



5C Coalition
Board Member Application

Name: _____

Company: _____

Address: _____ City: _____ State: ____ ZIP: _____

Phone Number: _____ Email: _____

Why are you interested in becoming a 5C Coalition Board Member?

What would you like to see the 5C Coalition accomplish in the next five years?

Are you willing to be on the 5C Coalition Board as an officer?

_____ Yes _____ No _____ Possibly

Thank you for your interest in the 5C Coalition and Board. Please submit your application to the 5C email at claytoncountyyccc@gmail.com or mail to: 5C Coalition, PO Box 524, Elkader IA 52043.