

# Ventura County Dart Association Nomination/Application To Serve On The Board of Directors

Please type or print legibly  
Name

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Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ E -mail Address \_\_\_\_\_

Home Address

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City/State/Zip

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Board position you are applying for

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Related Experience

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Areas of Interest/Expertise

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Briefly Explain Your Qualifications

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I give my permission for the information on this application to be made available to the General Membership of the VCDA for appointment purposes. I am familiar with the Bylaws and the Rules and Regulations of the VCDA and will abide by same should I be elected.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail Application to:  
V.C.D.A..  
P.O. BOX 8029  
Oxnard, CA 93031