



Tryon Historical Museum Board Application

Thank you for your interest in joining the board of directors for the Tryon Historical Museum. Please complete this form, then mail it to:
Nominating Committee
Tryon Historical Museum
26 Maple St. Tryon NC 28782

Name _____ Age _____

Mailing Address _____

City _____ State _____ Zip _____ Preferred contact phone _____

Preferred E-Mail for museum correspondence _____

Why are you interested in joining the Museum Board?

What are your best skills which might be put to use in advancing this organization?

In your opinion, what should be the top three priorities for the museum at this time?

Are you willing to commit to an active role in the museum? This includes attending all board meetings, working on special projects, participating in planning sessions and promoting the museum in the community.

____ Yes, I am ready!

____ Not really, but I am willing to help on occasion.

Signature _____ Date: _____