

Marquette Maritime Museum Board Member Application

Name: _____

Address: _____

Phone: _____ Text: Y N

Email: _____

Why do you want to be a Marquette Maritime Museum board member?

Do you have any skills/interest in the following:

- | | |
|--|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Carpentry/Building Maintenance |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Bookkeeping/Finances |
| <input type="checkbox"/> Clerical Skills | <input type="checkbox"/> Collections Management |
| <input type="checkbox"/> Internet Technology | <input type="checkbox"/> Tour Guide/Education |

What can you bring to the board that will help us to fulfill our mission of preserving and protecting maritime history?

How much time per week do you have to devote to the museum? _____

Areas of Interest (include hobbies, work experience, memberships, etc.):

Please return with resume to:

Marquette Maritime Museum
Location: 300 N. Lakeshore Blvd.
Mailing Address: PO Box 1096
Marquette MI 49855

mqtmartitimanager@gmail.com
906-226-2006

<http://mqtmartitimuseum.com>

