City of Tonawanda Local Development Corporation (LDC) Board of Directors Candidate Application

Date		
Name		
Residence Address		
E-mail		
Employer		
Type of business or orga	nization	
Preferred method of	contact: Work Residenc	е
	nd committees that you serve I, political, professional, recr	on, or have served on (business, civic, eational, religious, social).
Organization	Role/Title	Dates of Service
Education/Training/	Certificates	

Please feel free to attach your resume.

Why do you want to be on the City of Tonawanda LDC Board of Directors? What would you like to accomplish?			
How do you feel the City of 'Board?	Tonawanda LDC would benefit f	rom your involvement on the	
Skills, experience and intere	ests (Please check all that apply)		
Finance, accounting Personnel, human resources Administration, management Nonprofit experience Community service Policy development Please list any groups, organon behalf of the City of Tonco	Program evaluation Public relations, communications Education, instruction Special events Grant writing Fundraising Inizations or businesses that you wanda LDC.	Other	
	port one or more of our commit your application? (Please check al] Historic Preservation & Design		
Any other comments or que	stions?		

Thank you for applying!

We appreciate your interest in the City of Tonawanda LDC Board of Directors. Completed applications can be returned by email to info@cityoftonawandaldc.com or by mail to PO Box 974, Tonawanda NY 14151.