



Lents Neighborhood Association (LNA) Board of Director's Candidate Application

Application Date: _____

Personal Information

Candidate Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Portland **OR** **97266**
City State ZIP Code

Home Phone: _____ Alternate Phone: _____

Email _____

Candidate Qualifications

Refer to LNA By-laws

Check all that apply:

- _____ I am 18 years of age or older
- _____ I am a resident of Lents and/or
- _____ I am a property owner in Lents and/or
- _____ I am a representative of a non-profit organization located in Lents and/or
- _____ I am a licensed business owners operating a business in Lents

Application for (Check One)

Chair _____ Transportation Chair _____

Vice Chair **XXXXX** Public Safety Chair **XXXXX**

Secretary **XXXXX** At Large _____

Treasurer **XXXXX**

Land Use Chair _____

Acknowledgement of Position Requirements

I have read the LNA Bylaws in their entirety . Initial _____

Statement of Intent

Why do you want to be an LNA board member?

Related Experience

What is your related experience to the position you are applying for?

For LNA Election Committee Use Only

Application Received (Date): _____

Application Received by (Print Name, LNA Position):

Application Received by (Signature): _____