

## Kalispell Montessori Elementary Board of Directors Candidacy Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Special area of expertise that you would bring to the Board:

Briefly state your reason(s) for wanting to sit on the Board:

Have you been involved in service to the Montessori community? If so, please outline that service:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_