



### Board Membership Application

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

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

City/Zip Code: \_\_\_\_\_

Name of Child in League: \_\_\_\_\_

Team/Age Division: \_\_\_\_\_

Position Interested In: \_\_\_\_\_

Have you served on a Board of Directors? If so please specify Board, and in what capacity, and length of time on the Board.

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Please write a brief summary of why you would like to be a part of the EGSA Organization, and what you feel you can add to EGSA Organization.

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Please be advised you must be able to pass a back round check through ASA , in addition to any back round checks required through our City of Eastvale. Please complete volunteer form and attach to this request. (Volunteer Form can be found on website) The President will submit to Board for review and vote. You will be advised of decision with 48 hrs of vote.

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