

## Board of Directors Application

Last Name	First	Middle	
Any other names you have used			
Home Address and mailing if different			
Date of Birth Month /Day/Year	Phone- Home/Wor	k	
Social Security Number	E Mail address		
In your own words please explain why you are interested in becoming a Board Member of Tri-Cities Crime Stoppers.			
I,, authorize the Kennewick Police Department and its agents and employees to conduct a review of the records of the Kennewick Police Department and other law enforcement agencies.			
Dated thisday of	, 2012.		
Signature			

Personal Reference:		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
What, if any other Non Profi	it Board have you served	on in the past?
Please complete and return to:	Tri-Cities Crime Stoppers PO Box 6708 Kennewick WA 99336	