



Imagine Art

where every life is a work of art

Board Member Application

Contact Information:

Name: _____

Address: _____

Contact Number: _____

Email Address: _____

Why are you interested in Imagine Art?

Relevant experience and/or employment (attach a resume):

Area(s) of expertise/contribution you feel you can make:

Transform the lives of artists with disabilities. What are your thoughts about that?

Church Affiliation _____

Pastor's Name and Contact Information _____

After you complete this application, email it to debbie@imagineart.net