

# Sierra County Arts Council

## Board of Directors Interest Form

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

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

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

How long have you lived in T or C? \_\_\_\_\_

Are you an artist and if so, what medium do you work with? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you learn of the Arts Council? \_\_\_\_\_

\_\_\_\_\_

Are you able to serve on committees and work on projects? \_\_\_\_\_

\_\_\_\_\_

In a few words, describe how you can help the Arts Council and what are some things you would do differently?

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

Mail to: SCAC P.O. Box 1924 T or C, NM 87901