

Spencer Community Theatre

• 712-262-7336 • 518 1st Ave East, P.O. Box 1225 Spencer, Iowa 51301 • info@sctplayhouse.org •

SPENCER COMMUNITY THEATRE, INC. (SCT)

BICK-BYDHIC VI IVVIV FURK				BOARD OF DIRECTORS					
BIOGRAPHICAL DATA FORM & APPLICATION									
NAME (Please include professional designations; i.e. MD, PhD, etc.)									
BUSINESS AFFILIATION (Ple Company Name: Title/Position:									
PREFERRED MAILING ADD									
City	State _		Zip						
PREFERRED EMAIL ADDRES	SS	Busine	ess	_ Personal _					
PHONE NUMBER Business: Mobile:									
Other:									
MEMBERSHIPS AND OFFIC	ES HELD)							
AREAS OF EXPERIENCE OR () Budget & Fiscal Controls () Fundraising () Foundations	() Ed () Me	ucation	() Publ () Grar	ic Relations it Research	TO SCT BOARD MEMBERSHIP () Volunteer Organizing () Events Organization () Special Events				

() Other (Please Specify)	
CONTACTS OR MEMBERSHIPS THA	AT MAY FACILITATE YOUR SUCCESS AS SCT LEADERSHIP
AREAS OF INTEREST WITHIN SCT (i	.e. directing, acting, technical theatre, costuming, etc.)
Member Job Description and Board	er Community Theatre Inc. Board of Directors Board d Member Statement of Intent. I agree to have my name rd of Directors of Spencer Community Theatre, Inc.
Date	Signature