



BOARD CANDIDATE APPLICATION FORM

FOR THE TERM 20_____

Name _____ Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Email _____

No. of Years in Industry _____

Are you the: Owner Manager Employee Other _____

Describe the size and focus of your operation (full/self-serve, detailing, supplier) _____

What talents, skills or specialized knowledge would you bring to the MCA Board and its deliberations? _____

What do you believe the main priorities of MCA should be? _____

Please explain to the MCA membership those attributes which would make you an excellent Board member, and why you should receive their vote. _____

Please fax this form to 517.371.1170 or email to walilko.h@gcsionline.com
Midwest Carwash Association
120 N. Washington Square, Suite 110A ~ Lansing, MI 48933

YOU MUST BE A CURRENT MCA MEMBER TO BE ELIGIBLE!