



Please indicate your interest in becoming a LSNA Board Member by filling out the following information

Name: _____ Phone: _____
Address: _____ Email: _____

Are you a current LSNA Member? Yes ___ No ___ Not Sure ___
Are you a current LSNA At-Large Board Member? Yes ___ No ___; Multi-Family Building Board Representative? Yes ___ No ___; Not Sure ___

In order to foster a productive Association, Board Members are expected to actively volunteer on at least one LSNA Committee and/or activity. Members must be able to attend all or most Board meetings – eleven total per year, second Tuesday of each month – as well as Committee meetings. Board Members must be dues paying LSNA Members in good standing and must have no conflict of interest with LSNA's goals or activities.

The Nominations Committee will recommend Board Members based upon a number of attributes including past attendance and participation in LSNA / neighborhood activities; expertise; influence or interest in important areas; diversity in age, family status, ethnicity, geographic location, type of residence, sexual orientation, etc.

Please indicate which of the following LSNA committees / activities you have participated in the past year (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Zoning & Property Improvement | <input type="checkbox"/> Recreation & Culture |
| <input type="checkbox"/> Parks | <input type="checkbox"/> Education |
| <input type="checkbox"/> Beautification & Maintenance | <input type="checkbox"/> Health & Safety |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Planning & Design |
| <input type="checkbox"/> Gardens | <input type="checkbox"/> Social/Events |
| <input type="checkbox"/> Sustainability | |

Profession / Employer (if applicable): _____

Areas of Expertise: _____

Estimate how many LSNA Board meetings you have attended in the past year:

0 ___ 1 to 4 ___ 5 to 8 ___ 8 to 11 ___

To represent the diversity of our constituents, the following information is requested but not required nor will it weigh against your application if not provided. *(This is voluntary, to be kept confidential and requested only to help LSNA be representative of Logan Square's makeup and experience):*

Gender: M ___ F ___
Age: <25 ___ 26-45 ___ 46-65 ___ >65 ___
Ethnicity: African American ___ Asian ___ Caucasian ___ Hispanic/Latino ___ Other ___
Family Status: Single ___ Married/Domestic partners ___ w/ Children (#) ___
Resident Type: Renter ___ Owner ___ Business Owner ___ Property Owner ___
Residence Type: High Rise ___ Single Family House ___ Multi-Family ___ Other ___
Place of Residence: South of Parkway ___ North of Parkway ___

Please return this form to David Searles by April 21.

Email: dls@jacobswyper.com Mailing Address: 119 N. Lambert St., Philadelphia PA 19103