

**MID-COLUMBIA ECONOMIC DEVELOPMENT DISTRICT (MCEDD)
BOARD OF DIRECTORS
INTEREST FORM**

The purpose of this form is to assist the MCEDD Executive Committee, Board and staff in evaluating the qualifications of an applicant for appointment to the MCEDD Board of Directors. **Please complete the entire form and return to:**

MCEDD, 515 East Second Street, The Dalles, OR 97058
appointments@mcedd.org
For questions call 541-296-2266.

PERSONAL DATA

Preferred Mailing Address: Home Business

Preferred Title _____ (e.g. Mr, Mrs, Ms, Dr, etc.)

First Name _____ Last Name _____

Home Mailing Address _____

City _____ State _____ Zip _____

County _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Occupation _____

Home Phone (_____) _____ Business Phone (_____) _____ ext _____

Cell Phone (optional) (_____) _____ E-mail address _____

EDUCATION

Schools attended, including high school. *A current resume may be substituted for this section.*

School	City & State	Dates	Degree/Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

