

# APPLICATION FOR NOMINATION

## Greensboro Downtown Development Authority



Name: \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Fax \_\_\_\_\_

I am: (Check all that apply)

- A Resident of the \_\_\_\_\_ City of Greensboro or of \_\_\_\_\_ Greene County
- Available for Board meetings at 8am on the fourth Tuesday of each month
- A Member of the Greensboro Business Association
- An Elected Member of Government: Elected Position \_\_\_\_\_
- A Downtown Property Owner: Property Address \_\_\_\_\_
- A Downtown Business Owner: Business Name \_\_\_\_\_
- A Downtown Employee: Business & Position \_\_\_\_\_

My Downtown Involvement over the past two years includes: (Check all that apply)

- Serving on Committee(s) \_\_\_\_\_
- Assisting with Projects \_\_\_\_\_
- Participation in Events \_\_\_\_\_
- A Financial Contribution \_\_\_\_\_

Organizations to which I belong and volunteer service include: \_\_\_\_\_  
\_\_\_\_\_

Interest/Hobbies/Talents/Skills: \_\_\_\_\_  
\_\_\_\_\_

I am interested in serving on the Authority because \_\_\_\_\_  
\_\_\_\_\_

*I will allow my name to be submitted for consideration in service to the Authority; and if appointed to serve as a member of the Board of Directors, I agree to:*

- Attend all possible regular monthly Board meetings, committee meetings and any special meetings with no more than three absences in one calendar year
- Attend eight hours of training within my first year of service as required by law
- Attend the Annual Planning Session and participate in a Board Orientation
- Enter into full discussion and participation in policy decisions affecting the DDA and its purpose
- Accept responsibility for assignments and offer suggestions on programming or operations
- Maintain matters of confidence
- Serve the Authority, working for its overall well being and that of the historic business district
- Seek opportunities to learn more about downtown revitalization efforts and best practices

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: City of Greensboro, Main Street Program, PO Box 741, Greensboro, GA 30642, 706-453-7592