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## Missoula AIDS Council Board of Directors Member Application

### *Missoula AIDS Council Mission:*

*To prevent the transmission of HIV while advocating for and supporting those living with HIV/AIDS in Montana.*

Thank you for your interest in joining the Missoula AIDS Council Board of Directors. Please complete the following application to the best of your ability and attach any supporting documentation. A Missoula AIDS Council representative or current board member will contact you upon receipt and review of your application.

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Current Occupation:** \_\_\_\_\_

**Previous Occupation:** \_\_\_\_\_

**Education:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Training/Areas of Specialty:** \_\_\_\_\_

\_\_\_\_\_

**Involvement with other Organizations/Memberships:** \_\_\_\_\_

\_\_\_\_\_

**Volunteer and/or Community Work/Experience:** \_\_\_\_\_

\_\_\_\_\_

**What skills could you bring to the Missoula AIDS Council Board?** \_\_\_\_\_

\_\_\_\_\_

**Why do you wish to serve as a Board member?** \_\_\_\_\_

\_\_\_\_\_

**What is your current/previous Board Experience:** \_\_\_\_\_

\_\_\_\_\_

**What knowledge do you have of HIV/AIDS related issues, nonprofit work, and/or social services?** \_\_\_\_\_

\_\_\_\_\_

**Please return your completed application to:** Missoula AIDS Council  
500 North Higgins, Suite 100  
Missoula, MT 59801

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