



Christian Montessori School
OF LAKE NORMAN

Board of Trustees Application Form

Thank you for your interest in joining the CMSLN Board of Trustees. Your application will be reviewed and discussed at the next Board meeting.

Applicant Name _____

Phone & Email _____

Kids @ CMSLN? (Y / N) Names & Classes _____

Briefly describe why you want to join the Board? _____

What skills/experience do you possess that would be an asset to the Board? _____

Please state anything else you would like the board to consider on your behalf. _____

Applicant Signature _____ Date _____