



Friends of the OMA Board Application

Name _____

Address _____

Do you live within the City limits? yes no

Home phone number _____ Cell phone number _____

Email address _____

Place of employment _____

How long have you been a resident of Ottawa? _____

How long have you been a resident of Franklin County? _____

How much time can you devote to serving each month? _____

Are you related to a Board/Commission member or a City employee? yes no

Briefly describe why you are interested in serving on the Friends of the OMA Board

List any groups or activities to which you belong and which demonstrate your involvement in the community and an understanding of the arts/cultural sectors of our community.

Signature _____ Date _____

Thank you for your interest in serving. Please complete this form and fYi fb'lc'h YFriends of the OMA 301 S. Hickory, Ottawa, KS 66067. Receipt of applications will be acknowledged.
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