

Mesquite Resort Association
Application for Advisory Board Members

Name: _____

Date of Birth: _____

Street Address: _____

Home Phone: _____

E-Mail: _____

Occupation: _____

Business Address: _____ City: _____ Zip: _____

Business Phone: _____ Ext. _____ Fax: _____

Educational Background: _____

Professional Affiliations: _____

Volunteer Experience: _____

Special Skills: _____

Interests, Hobbies: _____

Why are you interested in becoming an advisory board

member: _____

**All candidates for Advisory Board Members must be residents of Mesquite and will be considered for approval by the Mesquite Resort Association Board of Directors.*