



**Application for Membership**

**The Jonathan May Foundation Board of Directors**

Board Meetings: Quarterly (TBA)

Name \_\_\_\_\_

Affiliation \_\_\_\_\_

(name) (title) (company)

(As you wish to be identified in Board of Director listings)

*Examples: Jane Smith, President, Perfect Investments, LLC*

*John Jones, Community Volunteer*

Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone:

\_\_\_\_\_  
\_\_\_\_\_

Email address:

\_\_\_\_\_  
\_\_\_\_\_

Secretary/Asst.:

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

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

Home Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone:

\_\_\_\_\_  
\_\_\_\_\_

Email address:

\_\_\_\_\_  
\_\_\_\_\_

Spouse/Significant Other:

\_\_\_\_\_  
\_\_\_\_\_

Where do you wish to receive mail/email? Business: \_\_\_\_\_ Home: \_\_\_\_\_

Please circle your answer to the questions below:

Do you have a child/grandchild enrolled in MAYS? Yes No

Do you anticipate having a child enrolled in MAYS? Yes No

If so, when? \_\_\_\_\_

What area of Central Florida do you represent?      Orlando      Lake County

Are you related to Jonathan May?      Yes      No

If so, how are you related to him? \_\_\_\_\_

What position within the Jonathan May Foundation are you applying? (Circle One)

Community Member from Orlando Area

Community Member from Lake County Area

Parent of MAYS student from the Orlando Area

Parent of MAYS student from the Lake County Area

Child of Jonathan May      Family Member of Jonathan May

Ad-hoc committee member for the Fundraising Committee

Please answer these questions.

1. Have you ever attended a performance presented by the MAYS?
2. How do you value the arts in the Central Florida Community?
3. Why are you interested in becoming a Board Member?
4. What special skills would you like to contribute to the organization?

Please list your strengths and experience with fundraising. Please include any unique qualities that you feel you could bring to The Jonathan May Foundation. You may attach a resume if desired.

**Please email this completed form to [may4music@jonathanmayfoundation.org](mailto:may4music@jonathanmayfoundation.org), or mail it to:  
The Jonathan May Foundation, PO Box 2055, Goldenrod, FL 32733 ~ 1-800-978-0407**