



AMERICAN THEATRE ORGAN SOCIETY

YOUTH REPRESENTATIVE TO THE BOARD

2007 APPLICATION FORM

(please type or print neatly)

The ATOS Youth Representative To The Board will serve a two-year term for 2007-2009. Please see the enclosed General Information & Application Instructions for a detailed explanation of the duties and responsibilities of this position.

Name: _____

I like to be called: _____

Home Address _____

City, State, Zip _____

Phone: _____

Email Address _____

Date of Birth _____

Secondary address (if you are a college student not living at home during the school year)

School Address _____

City, State, Zip _____

Phone _____

Email Address _____

Name of the member in your household who is an ATOS Member

Name of ATOS Member who is recommending you

Are you active in any local chapter(s)? If so, which one(s)?

If I am selected as the ATOS Youth Representative To The Board, I understand that I am expected to perform, and agree that I will perform, the duties specified in the enclosed General Information & Application Instructions, which I acknowledge having received and read. I recognize that these duties include attending and participating in all ATOS Board Meetings, the Annual Convention and Banquet, The Members' Forum, and The Membership Meeting.

Signature of applicant: _____

Date: _____

NOTE: If you will be under 18 years of age on February 28, 2007, the following information must be completed by your parent or legal guardian. If you are under 18, you must be accompanied by your parent, legal guardian, or someone of your parent or guardian's choosing.

If my son / daughter is selected as ATOS Youth Representative, I give permission for him / her to serve as the ATOS Youth Representative to the Board for the two-year period listed above. I understand that I, or an adult of my choosing, must accompany my son / daughter to all functions required for this position.

Parent or guardian signature _____

Name (please print) _____

Date _____

The adult that I authorize to accompany my son / daughter to required events is

Name (please print) _____

Address: _____

City / State / Zip: _____

Phone: _____

**Please send this application and all supporting materials to
R. Jelani Eddington, 1706 West Palamino Drive, Racine, Wisconsin 53402**

**All applications are to be postmarked by Certified Mail Return Receipt
not later than FEBRUARY 28, 2007**

APPLICATION CHECKLIST

STOP! Have you included the following items with this application?

- Your essay (not to exceed two double-spaced typewritten pages)
- Your biographical résumé
- Your letter of recommendation from an ATOS member
- (If you are under 18 years of age) The signature in the space provided above of your parent or legal guardian.