

WINDSOR COMMUNITY TELEVISION

Application Information For

WIN-TV Board of Directors

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL	
•	fessional or otherwise, that you thi nunity activities or prior access expe	•
What Committee(s) are you in	iterested in serving on?	
	a Committee? Yes	
-	hich one?	
	eets the third Tuesday of each mon	th. Would you expect to
	(a week prior to the meeting) a comhly meeting. YesNo	•