

WINDSOR COMMUNITY TELEVISION

Application Information For

WIN-TV Board of Directors

NAME		
ADDRESS		
CITY	STATE	ZIP
PHONE	EMAIL_	
•	ofessional or otherwise, that you the nunity activities or prior access exp	*
	nterested in serving on?	
	a Committee? Yes	
If Ye	es, which one?	
	neets the fourth Tuesday of each n	•
C	(a week prior to the meeting) a co	•