



The MANHASSET WOMEN'S COALITION *Against* BREAST CANCER

**MANHASSET WOMEN'S COALITION AGAINST BREAST CANCER
JUNIOR COALITION ADVISOR
CLASS of 2017
APPLICATION FORM**

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ **(Cell)** _____

EMAIL: _____

Please list your children (name and age):

Are you a member of the MWCABC? _____ For how many years? _____

(Pursuant to Article VI, Section 6.2(d) of the MWCABC Bylaws, each appointed Junior Coalition Advisor must be an annual paid member of the MWCABC)

Please state briefly why you would like to serve a 4-year term as an Advisor of the Junior Coalition of the MWCABC, Class of 2017?

Please describe what skills or attributes you possess that would be an asset to the Junior Coalition and the team of parent advisors.

Please list any MWCABC committees on which you have served.

Have you chaired a MWCABC Committee or Event in the past? If so, please describe.

Please describe any other involvement you have had with the MWCABC.

Signature: _____ Date: _____

Please contact Jeannette Reilly at (516) 330-6637 or email bjbc40@aol.com with any questions regarding the responsibilities of the Junior Coalition Class Advisor position.

APPLICATIONS MUST BE RECEIVED NO LATER THAN May 3, 2013

**Please mail the completed application to:
Jeannette Reilly
3 Westgate Blvd
Plandome, NY 11030
or email to bjbc40@aol.com**
