



3. Please elaborate on your experience as referenced in Q2 that you believe will be helpful in serving on the Portsmouth Public Media Board of Directors.

4. Have you served on other organization boards? If so, Please list

5. How many hours per month do you believe you could commit to as a board member?

2 to 4 \_\_\_\_\_ 5 to 8 \_\_\_\_\_ 8 to 16 \_\_\_\_\_ More \_\_\_\_\_

6. Please feel free to provide any additional comments on a separate piece of paper.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone (day / evening): \_\_\_\_\_

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

Occupation / Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail your application to: Portsmouth Cable Commission  
City Clerk's Office  
Portsmouth City Hall  
1 Junkins Avenue  
Portsmouth, NH 03801

**Thank You for Applying!**