

Tillicum Foundation Community Advisory Board (CAB)
New CAB Member Application -- Revised August 2022

Name _____
Email _____
Phone _____
Address _____

By submitting this application, I agree that I have read and understood the Tillicum Foundation Community Advisory Board (CAB) Policy Manual, as well as the Tillicum Foundation's mission statement.

As a member of the CAB, I believe I am able to reasonably represent the needs and interests of the following communities within our listening region (with regards to, but not limited by, the list of local populations provided in the CAB Policy Manual). *Note: Please answer this within your individual comfort level. Contact the Program Director if you have any questions or concerns.*

Please describe any relevant knowledge and experience you have that will aid you in your work as a CAB member. This may include involvement in collaborative community projects, any experience in community media/programming, experience working with or for nonprofits, etc.

Please describe what you believe are the Tillicum Foundation's greatest programming strengths and weaknesses, as experienced by you as a listener within the community.

If you are unfamiliar with our programming, please visit kmun.org and view our program guide.

Please use the back of this form or the body of your email if your answers do not fit in the space provided. Send your completed form to stationmanager@kmun.org ATTN: CAB, or mail it to KMUN at PO BOX 269 Astoria, OR 97103 % Station Manager.