

WINE & GRAPE BOARD ADVISORY INTEREST FORM

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____

Education (highest degree/level): _____

Present employer (if working): _____

Position/Title: _____

If retired, name of most recent employer: _____

Last position held: _____

Community affiliations: _____

Please tell us about your interest in becoming involved with the Wine & Grape Board?

Have you attended any board or committee meetings in the last 2 years? _____

What areas are you interested in? (e.g. budget, marketing, research) _____

Have you ever served on an advisory board in the past? If yes, please describe:

Signature: _____

Please return this form to: Missouri Wine & Grape Board
1616 Missouri Blvd., Jefferson City, MO 65109
PH 573-751-3374
FAX 573-522-2416

Thank you for your interest.