



Ann Arbor Amateur Hockey Association

Board Member Application

Name of Applicant (Print): Jennifer Mailoy
Phone Number: (Home) (Wk) (Cell) 7343520535
Mailing address:
Email address: jenn_mailoy@yahoo.com

Are you a current AAHA member? (Must be a member in good standing) Yes No

In what age division did your child play for Fall/Winter 2018-2019 Season?

Child #1: 12/14 House Travel Child #2: House Travel

In what age division do you anticipate your child will play for Fall/Winter 2019-2020 Season?

Child #1: House Travel Child #2: House Travel

Have you read & do you understand AAHA's bylaws? Yes No

Do you have prior experience serving on a non-profit board? Yes No 1yr.

PERSONAL "BIO" - Please indicate briefly your prior involvement with AAHA and why you would like to be elected to an AAHA Board position. Girls Director 18-19 Season. Would like to continue expanding/grow our Girls Program

Your personal "bio" may be posted for members to read prior to the election. Orthopedic Physicians Assistant Surgery

PLEASE SUBMIT APPLICATIONS WITH THE SUBJECT LINE "AAHA BOARD NOMINATIONS" TO: peggy.costello@aaaha.org and President@aaaha.org

No later than March 7, 2019