



COMMUNITY ADVISORY BOARD (CAB)

KEKAHU FOUNDATION, INC. dba KKCR-FM, KAUAI COMMUNITY RADIO

PO BOX 825, HANAIEI HI 96714

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CAB APPLICATION

Thank you for your interest in KKCR's Community Advisory Board (CAB). Please read the Governance and Requirements of CAB members and be confident that you are willing and able to make the necessary commitments.

Name: _____

Physical address: _____

Mailing Address: _____

Phone number: _____ Email Address: _____

Why are you interested in being a member of the Community Advisory Board:

Have you had previous experience serving on Boards and/or Community Committees? If so, please provide a brief background.

Do you listen to KKCR on a regular basis at different times of the day and evening?

I acknowledge that I have read and fully understand the Requirements of the KKCR Community Advisory Board and that I will commit to meeting them to the best of my ability, should I become a member of the CAB. I am a current member of the Kekahu Foundation / KKCR (donated within the last year).

Signature

Date

Use back side of application to include more information.

Please complete, sign and mail to:

KKCR Community Advisory Board

P.O. Box 825

Hanalei, HI. 96714