

Name of Organization: _____

Board Member: _____ BOD Title (if applicable): _____

Term of Service: _____ Expiration Date: _____ Representation Type: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Employer Name: _____

Address: _____ City, State, Zip: _____

Serves on the following boards, committees, councils, etc.: _____

Board Member: _____ BOD Title (if applicable): _____

Term of Service: _____ Expiration Date: _____ Representation Type: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Employer Name: _____

Address: _____ City, State, Zip: _____

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Serves on the following boards, committees, councils, etc.: _____

This sheet should be copied as needed to add additional Board Members