

ATTACHMENT B – Board of Directors Information

Name of Organization:		
Board Member:		BOD Title:
		Representation Type:
	City, State, Zip:	
Phone: Email:		
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Board Member:		BOD Title:
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		Representation Type:
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	oards, Committees, councils, e	
Board Member:		BOD Title:
		Representation Type:
Address:	City,	State, Zip:
Phone:	Email:	
Employer Name:		
	oards, Committees, councils, e	

Attach B Rev. 12/2024



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councils, etc:	
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(Add additional forms if needed)