



ATTACHMENT B – Board of Directors Information

Name of Organization: _____

Board Member: _____ BOD Title: _____

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

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Employer Name: _____

Address: _____

Serves on the following Boards, Committees, councils, etc:

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(Add additional forms if needed)