

ATTACHMENT A
Board of Directors Status Information

Name of Organization _____

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

Board Term & Expiration Date: _____ Public, Private, Low-Income: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Employer Address: _____

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

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

Board Term & Expiration Date: _____ Public, Private, Low-Income: _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____

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