



LAKE BONANZA WSC

APPLICATION FOR BOARD OF DIRECTORS

APPLICANT'S NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS (IF DIFFERENT THAN MAILING ADDRESS): _____

PHONE NUMBER: _____ **EMAIL:** _____

WATER SYSTEM MEMBER SINCE: _____

BUSINESS/GOVERNMENT EXPERIENCE (be specific – tell our members how your work experience has prepared you to serve as a board member for the position you are seeking): _____

OTHER QUALIFICATIONS OR VOLUNTEER ACTIVITIES _____

PREVIOUS BOARD OF DIRECTOR EXPERIENCE

CURRENTLY SERVING ON ANOTHER BOARD? NAME OF ENTITY: _____

Position and Term elected/appointed to: _____

Contact name and phone (for verification): _____

PRIOR BOARD(S) SERVED ON? NAME OF ENTITY(S): _____

Position and Term(s) elected/appointed to each: _____

Contact name and phone of each (for verification): _____

Please explain to the membership why you are no longer serving on this/these boards: _____



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EDUCATION

High School Grad? Y___ N___ If no, GED?: Y___ N___ n/a___

College _____ Attended from _____ to _____

Major? _____

PERSONAL STATEMENT (100-WORD LIMIT) _____

AFFIRMATION AND PLEDGE TO SERVE: I, _____, will be at least 18 years of age on the first day of the director term. I am a member of the Corporation. I have not been determined by a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I have not been convicted of a felony or of moral turpitude in the past 10 years. I have reviewed the Corporation's bylaws and certificate of formation and I meet the qualifications set forth therein. These documents can be viewed on the website at www.lakebonanzawsc.com.

If elected, I pledge to serve in a director position on the Corporation's Board of Directors. I will do my best to attend all meetings, regular or called, as designated by the board. Under penalties of perjury, I declare that I have reviewed the information presented in this Application, and to the best of my knowledge and belief, the information is true, correct and complete.

I understand and agree that if my application is found to be incomplete or incorrect it will be returned to me for correction and the application will be considered as not received until a new and corrected application is submitted prior to the deadline.

SIGNATURE OF APPLICANT _____ Date _____

ELECTION COMMITTEE REVIEW	
Application received on:	___/___/___ at ___:___.
Received before deadline?	Yes___ No___
Prior board service verified accurate?	Yes___ No___
Does the application appear complete and accurate?	Yes___ No___.