

District Information –

District _____
Name: _____

Address _____

Phone number _____ email: _____

Date: _____

Secretary: _____
Print _____
Signature: _____
Sign _____
Phone: _____

Candidates Statement of Qualifications to be paid by: Candidate or District (choose one)

INDEX of DIRECTORS:

NAME: _____	Current Term of Office:		
Address: _____	Started: _____	Ends: _____	
Phone/email: _____	m/d/y	m/d/y	
	Appointed	Elected	
If appointed, replaced _____			
NAME: _____	Current Term of Office:		
Address: _____	Started: _____	Ends: _____	
Phone/email: _____	m/d/y	m/d/y	
	Appointed	Elected	
If appointed, replaced _____			
NAME: _____	Current Term of Office:		
Address: _____	Started: _____	Ends: _____	
Phone/email: _____	m/d/y	m/d/y	
	Appointed	Elected	
If appointed, replaced _____			
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Address: _____	Started: _____	Ends: _____	
Phone/email: _____	m/d/y	m/d/y	
	Appointed	Elected	
If appointed, replaced _____			