

APPLICATION FOR MEMBER BOARD OF EDUCATION

	School District	
Name (First, Middle, Last):		
Address:		
City/State/Zip Code:		
Home Phone:		
Work Phone:		
Occupation:		

Dates	Position	Organization

Education:

School Name	Major	/Course	Dates		Degree	
Civic or Professional O	rganizatio	on Memberships	:			
References:						
Name	Name		Address		Phone	
Are you 18 years or old Are you a registered vo Have you ever been arr Do you have children or Do your children attends any member of your If yes, whom?	ter in the ested for f school a d our scho immedia	school district?[or convicted of a ge? Yes N ools? Yes	a felony?	ol syster		
Signature of Applicant			Date			