

**Bryan County Rural Water, Sewer and Solid Waste Management
District No. 2**

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APPLICATION FOR BOARD MEMBER

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

AREA IN WHICH YOU LIVE: _____

6 hours of Board Member training is a requirement every 3 years. Are you willing to attend these training sessions? YES OR NO

What are your qualifications? _____

Please give a brief explanation of why you would like to serve on our Board of Directors: _____

Signature: _____

Date Submitted: _____

