BOARD OF TRUSTEES

VACANCY

NAME:			
ADDRESS:			
	House Number	Street Name	P.O. Box
PHONE 1:	()	☐ Land Line ☐ Cell Phon	
	Area Code	Phone Number	
PHONE 2:	()	☐ Land Line ☐ Cell Phon	
	Area Code	Phone Number	<u>~</u>
E-Mail:			
☐ Yes, I am interested in filling the vacancy on the Board of Trustees.			
☐ Yes, I plan to run for the vacant seat at the next election (not required).			
☐ Yes, I will commit to completing the required online training.			
Occupation:			
Qualification	ons:		
Comments:		A RESIDENT OF THE VILLAGE OF MAPI	