



BOARD MEMBER CANDIDATE SUPPORT LETTER

PLEASE PRINT

Be it known that _____
Complete Agency Name

Is in full support of _____
Board of Directors Candidate

To serve a **two year** term as

Representative

Alternate

Of the

North Area South Area East Area West Area Central Area

For the

Even Year

Odd Year

Caucus Represented

see other side

Speak*Represent*Advocate



By signing this form, I acknowledge _____
Agency's Name

supports this member in attending the Board meetings (via teleconference or in person.)

Board meetings are held four times a year:

January**

April

July (during the summer training conference)

October**

As elections and the seating of officers occur at the October and January meetings, full Board participation and physical attendance is required.

Signed:

Agency Authority Signature / Title

Date

Speak*Represent*Advocate