

Return completed original "wet" ink signature form
to: School Business Advisory Services



GOVERNING BOARD MEMBER ORGANIZATION & SIGNATURES

DISTRICT: _____

Name: _____ Title: **Board President**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Vice President**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Clerk**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

Name: _____ Title: **Board Member**
Address: _____ Zip: _____
Phone No.: _____ Year term expires: _____ Trustee area # (if applicable) ____

The below named individual is the Secretary to the Board.

Name: _____ Title: **Secretary**
Address: _____ Zip: _____
Phone No.: _____

I certify that all the information provided herein is true and correct.

Board President's Signature: _____ Date: ____/____/____

REFERENCE:
EC§1010, 35025, 35250, 35143, 72000(B)(5)(C)(2)A, B, C
CSBA BOARD BYLAWS 9100, 9121, 9122

ATTACHMENT B