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School Business Advisory Services

## GOVERNING BOARD MEMBER ORGANIZATION

**DISTRICT:** \_\_\_\_\_

Name: \_\_\_\_\_ Title: **Board President**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_

Name: \_\_\_\_\_ Title: **Vice President**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_

Name: \_\_\_\_\_ Title: **Clerk**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_

Name: \_\_\_\_\_ Title: **Board Member**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_

Name: \_\_\_\_\_ Title: **Board Member**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_

Name: \_\_\_\_\_ Title: **Board Member**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_

Name: \_\_\_\_\_ Title: **Board Member**  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Year term expires: \_\_\_\_\_ Trustee area # (if applicable) \_\_\_\_

The individual below 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**