



Board of Directors Application Form

Thank you for your interest in joining the County Water District of Billings Heights Board of Directors! Please use this form to provide information about yourself. This information will ensure the best candidate is selected to fill the vacancy by the District's current Board of Directors.

Your name: _____

Your Phone Number: _____ Email address: _____

Your address: _____

Your occupation/employer: _____

Briefly describe why you would like to join our Board of Directors:

Your current organizational affiliations (names of the organization and your role(s):

1. _____

2. _____

3. _____

4. _____

Which of your skills/experiences would be the most beneficial to the Board?

Previous Board Experience?

If you are appointed to the Board, you affirm you have read and meet the qualifications under MCA 7-13-2233. You also affirm that if during your service on the Board your circumstances should change and you will no longer meet the qualifications you will notify the Board as soon as possible. The appointment will be to fulfill the term of a mid term vacancy on the Board.

Your signature: _____ Date: _____