

Organization:

N/RPP BOARD ROSTER FORM 2022-2023

1. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

2. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

3. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

4. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

5. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

6. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area : Yes No

**N/RPP BOARD ROSTER FORM
2022-2023**

7. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

8. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

9. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

10. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

11. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

12. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

**N/RPP BOARD ROSTER FORM
2022-23**

13. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

14. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

15. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

16. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

17. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No

18. Name: _____ Employer: _____

Home Address (No PO Boxes): _____ City: _____ State: _____

Zip Code: _____ Home Phone Number: _____ Initial Date Elected to Board: _____

Board Title: _____ Resident of Service Area: Yes No