

Organization:

## N/RPP BOARD ROSTER FORM 2023-2024

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

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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

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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

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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

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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

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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  
2023-2024**

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

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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

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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

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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

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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

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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  
2023-24**

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

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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

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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

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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

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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

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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