

**CASBO CENTRAL SECTION
DIRECTOR AND PROFESSIONAL COUNCIL CHAIR APPLICATION**

Applicant Name			
Title			
Employed By			
District ADA		Class Code, if County Office	
Address			
City, State, Zip			
Phone Number			
Member Number		No. Years a CASBO Member	
Director or Committee Chair Position of interest, please check box			
Director III <input type="checkbox"/>		Director II <input type="checkbox"/>	
Professional Council – Maintenance & Operations <input type="checkbox"/>		Professional Council – Risk Management <input type="checkbox"/>	
Professional Council – Technology <input type="checkbox"/>			
Please list job positions held.			
Position	LEA or Company		No. of Years

Briefly describe why you want to be a member on the committee(s)/position you indicated.

Please list all activities you have been involved in during your career that qualify you to apply for this position. Include such items as serving on CASBO section boards, Professional Councils, other committees, and committees and boards outside of CASBO. Please also indicate the various positions you have held while serving on any committees. <i>Use additional paper if necessary.</i>

Is a copy of your resume attached? Please check box	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Signature	Date