

DIRECTOR MEETING ATTENDANCE REQUEST FORM

NOTE: No Cooperative member or other person, including the attorney or other authorized in writing representative of a member or other person, may attend a meeting of the Board of Directors unless this request form is completed and express approval for such attendance is thereafter allowed.

Full Name: _____

Address: _____

Telephone Number: _____

(If this request is also for and on behalf of others, set forth on a separate sheet their full names, addresses, and telephone numbers, and attach the same hereto.)

Are you a member? Yes _____ No _____

Identify the matters to be presented to the Board of Directors (be specific): _____

State the purpose or purposes for requesting such attendance (be specific): _____

State names, addresses, and telephone number of any person(s) you desire to attend the Board meeting with you and describe their status – whether they are a Cooperative member, your attorney, or other:

Date

Signature

ACTION ON REQUEST (Completed by Board or designate)

Date of Action

Signature