**BOARD MEMBERSHIP APPLICATION/INFORMATION FORM**

Please complete this form. Attach any additional information that would make it helpful in considering your application. Return this form to the Taum Sauk Board at taumsauk@outlook.com.

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Name Home Telephone Business Telephone

Occupation or Business

Home Address City State Zip

The Corporation’s by-laws require board members to meet certain qualifications. Please mark “YES” or “NO” in response to the questions below.

 Yes No

1. Are you at least 18 years of age? ­­\_\_\_\_\_\_ \_\_\_\_\_\_
2. Are you a resident of the State of Missouri? \_\_\_\_\_\_ \_\_\_\_\_\_
3. Are you currently serving as a Public Official?\* \_\_\_\_\_\_ \_\_\_\_\_\_
4. Are you a convicted felon?\*\* \_\_\_\_\_\_ \_\_\_\_\_\_
5. Do you have any unsatisfied or overdue tax obligations? \_\_\_\_\_\_ \_\_\_\_\_\_
6. Do you have any unsatisfied or overdue student or

Government loan obligations? \_\_\_\_\_\_ \_\_\_\_\_\_

\*Public official is defined as any elected officer of a Public

 Governmental body.

\*\* We are required to do a background check on all applicants.

Feel free to use an attached sheet for answers.

COMMUNITY INVOLVEMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SKILLS YOU WOULD BRING TO THE TAUM SAUK BOARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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YOUR VISION OF THE TAUM SAUK BOARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE DESCRIBE IN DETAILYOUR LEADERSHIP SKILLS AND ABILITIES, CITING SPECIFIC EXAMPLES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand The Taum Sauk Fund, Inc. will conduct a background check on me and that the information gathered will not be shared with anyone other than members of The Taum Sauk Fund, Inc. Board of Directors. I also understand that any information obtained will be used to determine whether or not I qualify to serve as a member of the Board under provisions of The Taum Sauk Fund, Inc. by-laws. I give The Taum Sauk Fund, Inc. permission to conduct a background check that includes a criminal record check.

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Signature Date

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