



APPLICATION FOR APPOINTMENT

SDAO Board of Directors: Sanitary Board Member Position #6

Name _____ Date _____

Mailing Address _____ City/State/Zip _____

Phone Number _____ Email Address _____

Special district you represent: _____

Your position with the district: _____

How long have you held your position? _____

Please provide relevant information regarding your occupation, education, and experience with special district matters. You may attach your resume.

Please explain any involvement you or your district has had with SDAO (seminars, annual conference, technical assistance, etc.)

Please explain any involvement you or your district has had with the insurance programs and services offered by Special Districts Insurance Services (SDIS). (Insurance coverage, risk management services, etc.)

Why are you interested in this position?

Please complete and return this form to the SDAO office by October 20, 2020.

Thank you for your interest in service to Special Districts Association of Oregon.

Special Districts Association of Oregon
PO Box 12613
Salem, OR 97309-0613

Phone: 800-285-5461 | Fax: 503-371-4781 | E-Mail: sdao@sdao.com | Website: www.sdao.com