

White Mountain Lakes County Recreation Improvement District
 BOARD OF DIRECTORS APPLICATION & DECLARATION OF QUALIFICATION



FIRST NAME*	MIDDLE NAME (optional)*	LAST NAME*
RESIDENTIAL ADDRESS		
RESIDENTIAL CITY	RESIDENTIAL STATE	RESIDENTIAL ZIP CODE
MAILING ADDRESS (if different than residential address)		
MAILING CITY	MAILING STATE	MAILING ZIP CODE
EMAIL ADDRESS		TELEPHONE NUMBER

*must match your state-issued ID and your voter registration card

REQUIRED - All boxes must be checked in order to be considered a qualified elector.

- I am a citizen of the United States. Years: _____
- I am an Arizona citizen. Years: _____
- I am a resident of Navajo County. Years: _____
- I am a resident of the White Mountain Lakes Recreation District. Years: _____
- I am registered to vote in Navajo County.
- I will abide by all Open Meetings Laws.

Have you ever held an elected or appointed public service position? Yes No

Have you previously served on the White Mountain Lakes Advisory Committee? Yes No

Please provide a brief statement about your interest in serving on the White Mountain Lakes County Recreation Improvement District Board of Directors.

I declare that the information in this Application and Declaration of Qualification is true and correct, and that at the time of submission I am a resident of the county, district, or precinct, that I have no final, outstanding judgments against me of an aggregate of \$1,000 or more that arose from failure to comply with or enforcement of campaign finance law, and as to all other qualifications, I will be qualified at the time of appointment to hold the office that I seek.

Signature	Date
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