

## ORWA BOARD OF DIRECTORS CANDIDATE QUALIFICATION AND CONSENT FORM

NAME		
MEMBER SYSTEM OR ASSOCIATE		
MAILING ADDRESS	CITY	ZIP
IS THIS MEMBER SYSTEM: (PUBLIC)	)(NON-PROFIT) and (WATER)	(WASTEWATER)(BOTH)
ARE YOU THE MANAGER OF THIS SYSTE	M?	( YES )( NO )
IF THIS MEMBER SYSTEM IS A MUNICIPA	ALITY, IS THE POPULATION: ( OVE	R 10,000) (UNDER 10,000)
ARE YOU A DULY REGISTERED USER OF	THIS MEMBER SYSTEM?	( YES )( NO )
ARE YOU AN EMPLOYEE OF THIS MEMBI	ER SYSTEM?	( YES )( NO )
ARE YOU AN ASSOCIATE MEMBER OR A	N EMPLOYEE OF AN ASSOCIATE ME	EMBER? (YES)(NO)
I CERTIFY THAT I HAVE READ ARTICL CONSTITUTION AND AM QUALIFIED TALSO GIVE MY CONSENT TO HAVE MY POSITION INDICATED ABOVE AND AGRICHE CURRENT ORWA BOARD POLICIES THAT I AM SEEKING THIS OFFICE AND PRESIDENT.	O SERVE UNDER THE TERMS ANI NAME PLACED ON THE OFFICIAL C EE TO ABIDE BY ALL CAMPAIGN F S. <u>MY SYSTEM BOARD OR COMPA</u>	D CONDITIONS THERE OF. I DRWA BALLOT FOR THE PROCEDURES AS LISTED IN NY MANAGERS ARE AWARE
BOARD PRESIDENT OR OWNER SIG	GNATURE	DATE
CANDIDATE SIGNATURE		DATE