

**DIRECTOR MEETING ATTENDANCE REQUEST**

Note: No Cooperative member or other person, including the attorney 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 given, pursuant to Policy No.109.

Name \_\_\_\_\_ Are you a member? \_\_\_ Yes \_\_\_ No

Address \_\_\_\_\_

Phone Nos. \_\_\_\_\_ Home \_\_\_\_\_  
Office \_\_\_\_\_

(Please provide the full name, addresses and telephone numbers of any other parties this request is for or on behalf of.)

SPECIFIC PURPOSE(S) FOR REQUESTING SUCH ATTENDANCE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE NAMES, ADDRESSES, TELEPHONE NUMBERS AND STATUS (MEMBER, ATTORNEY, ETC.) OF ANY PERSON(S) YOU DESIRE TO ATTEND THE BOARD MEETING WITH YOU.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester's Signature

Date of Request

<b>ACTION TAKEN</b>		
(To be completed by Cooperative Representative)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
(Signature)	(Title)	(Date)