Board Member Application

Name: Email:

Address: Phone:

I certify that I am a resident of Beltrami County.

I certify that I am able to meet as necessary to

fulfill the responsibilities of appointment to the HRA.

**Describe why you are interested in serving on the HRA Board.**

**Describe your experience, education and qualification that are applicable to the HRA activities.**

References: *(optional)*

Name: Phone:

Name: Phone: