Three Lake Improvement District 2017

Board Member Application

Name (print):			
Which position are you applying for:	Three year term		
	Three year term		
	Two year term		
Lake on which property is owned:		Number of years:	
Full Time resident: Yes / No			
What Lake issues are important to you	:		
What qualifications do you have for be	ing a board member:		
Why do you want to be a Board Memb	er:		
Signed:	Date:		
Mail to: TLID 4810 10 th Ave. U	nit C Clear Lake, MN	55319	