

**BOARD MEETING ATTENDANCE REQUEST
(Policy 20-030 form)**

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 allowed.

FULL NAME, ADDRESS AND TELEPHONE NUMBER: _____

(If this request is also for and on behalf of others, set forth on a separate sheet their full names, addresses and telephone numbers, and attach the same hereto.)

ARE YOU A MEMBER? _____

PURPOSE OR PURPOSES FOR REQUESTING SUCH ATTENDANCE (be specific):

STATE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ANY PERSON(S) YOU DESIRE TO ATTEND THE BOARD MEETING WITH YOU AND DESCRIBE THEIR STATUS – WHETHER THEY ARE A COOPERATIVE MEMBER, YOUR ATTORNEY OR OTHER: _____

Date this Request form was executed: _____

Signed: _____

ACTION ON REQUEST*

Date of Action: _____

Signed: _____

Title: _____

*To be filled out by the Cooperative