

MISSOURI OZARKS COMMUNITY ACTION, INC.  
PRIVATE SECTOR BOARD APPOINTMENT

Private Sector Group \_\_\_\_\_

Group Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

We want to be represented on Missouri Ozarks Community Action, Incorporated's Board of Directors. We have appointed the following members as our official representative and alternate.

Representative:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Alternate: (optional)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

GROUP SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_