

Official District Name: _____

Board Members earn:

- Salary: \$_____ per month.
- Per Diem: \$_____ per day/meeting.
- Board Members are not compensated.

How many meetings per month? _____

How long is your average meeting? _____

How many sub-committees do you have? _____

How many sub-committees are board members expected to sit on? _____

How are your chairperson and other officers selected?
(i.e. elected by board, appointed, etc.) _____

How long do they serve as officers? _____

Does the District make the following items available to board members?

- Health Insurance Coverage Expense Account
Amount: \$_____. Amount:_____.
- Mileage Reimbursement Retirement Program
Rate: \$_____ per mile Plan Provider:_____.

Whom should a potential candidate contact at the district for more information?

Name: _____

Telephone: (_____) _____

Fax: (_____) _____

Website: _____

E-mail: _____

Mailing address:

Street Number and Name/P.O. Box

Suite Number

City State Zip Code