

# D & M WATER SUPPLY CORPORATION

P.O. BOX 9

Douglass, Texas 75943

Phone: 936-559-9900 Fax: 936-559-0112

Email: dmwater.org@gmail.com

Web: www.dmwater.org

## APPLICATION FOR BOARD OF DIRECTOR'S POSITION OF THE D & M WATER SUPPLY CORPORATION ("CORPORATION")

This application form must be accompanied by a petition signed by 20 members, requesting that the applicant's name be placed on the ballot as a candidate for director. The application form must be completed and submitted to the Corporation's main office by March 7, 2018 for the applicant's name to be placed on the ballot.

### Biographical Information

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
street, city, state zip code

Physical Address (if different than mailing address):

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
street, city, state zip code

Phone #: \_\_\_\_\_

Water System Member Since: \_\_\_\_\_ (year)

### Qualifications (will be printed and sent to members with ballot)

Previous Board of Director Experience: \_\_\_\_\_

Business/Government Experience: \_\_\_\_\_

Education: \_\_\_\_\_

Personal Statement (will be printed and sent to members with ballot) (100 word limit): \_\_\_\_\_

### Affirmation and Pledge to Serve:

I, \_\_\_\_\_ will be at least 18 years of age on the first day of the director term; am a member of the Corporation; have not been determined by a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote; and have not been finally convicted of a felony. I have reviewed the Corporation's bylaws and certificate of formation and I meet the qualifications set forth therein. If elected, I pledge to serve in a director position on the Corporation's Board of Directors; and will do my best to attend all meetings, regular or called, as designated by the board. Under penalties of perjury, I declare that I have reviewed the information presented in this Application, including accompanying documents, and to the best of my knowledge and belief, the information is true, correct and complete.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### **D & M WSC is an equal opportunity provider and employer.**

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_file.html](http://www.ascr.usda.gov/complaint_filing_file.html) or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-941, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

D & M WATER SUPPLY CORPORATION (“CORPORATION”)

**The members of D & M WSC, whose names and signatures appear below, petition that \_\_\_\_\_ be placed on the ballot as a candidate for director of the Corporation for the April 26, 2018 election.**

Candidates must solicit at least 20 signatures from members of the system, but it is advisable to obtain a few additional signatures in case any of the signatures are disqualified. Members must be owners of property in the WSC and have a valid membership. Only one representative from each membership (ie. husband or wife) may sign a petition supporting an application for director. An applicant may sign his or her own petition for director.

<b>Member’s Name (please print)</b>	<b>Member’s Signature</b>
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