

**MEETING ATTENDANCE REQUEST 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: \_\_\_\_\_

\_\_\_\_\_

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?      Yes \_\_\_\_\_      No \_\_\_\_\_

State the purpose or purposes for requesting such attendance. (Be specific.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you wish to attend an entire meeting?      Yes \_\_\_\_\_      No

or

Do you wish only to be heard on specific matters? Yes \_\_\_\_\_ No

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

\_\_\_\_\_  
Signature

**MEETING ATTENDANCE REQUEST FORM**

**ACTION ON REQUEST**

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Date of Action

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title