



Tri-County Telephone Association, Inc.
Board of Director Application

(Return by 5pm, January 15, 2021 to TCT Business Office or Solutions Centers)

PERSONAL INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_

TCT Membership Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you related to any current TCT employee or board member?

YES No

If yes, how: \_\_\_\_\_

EDUCATION

High School: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Advanced Degree(s): \_\_\_\_\_

Certifications(s): \_\_\_\_\_

EMPLOYMENT

Current Employer: \_\_\_\_\_

Supervisor: \_\_\_\_\_

QUALIFICATIONS

Previous Boards/Groups: \_\_\_\_\_

Explain why you want to be a TCT Board Member (attach additional sheet if needed):

BUSINESS REFERENCES

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

PERSONAL REFERENCES

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Name: \_\_\_\_\_

Contact #: \_\_\_\_\_

Signature: \_\_\_\_\_

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

RETURN TO: TCT, Attn: Nominating Committee, 1568 S 1000 Rd, Council Grove, KS 66846
MUST BE RECEIVED BY 5PM 1/15/2021