



A Partner of the Headwaters Regional Development Commission

Board Member Application

Name: _____

Email: _____

Address: _____

Phone: _____

I certify that I am a resident of Beltrami County.

I certify that I am able to meet as necessary to fulfill the responsibilities of appointment to the HRA.

Describe why you are interested in serving on the HRA Board.

Describe your experience, education and qualification that are applicable to the HRA activities.

References: *(optional)*

Name: _____

Phone: _____

Name: _____

Phone: _____