

Finland Cooperative Company

Board Member Application

Name: _____

Address: _____

Phone number: _____

Cell number: _____

E-mail: _____

Occupation: _____

Special interests, skills, expertise, and knowledge you could add to this board:

Briefly explain why you would like to serve on this board:

Please list any potential conflicts of interest you may have:

Signature

Date

Return to: Finland Cooperative Board of Directors

PO Box E

Finland, MN 55603