Tri-County Telephone Association, Inc.

Board of Director Application

(Return by 5pm, January 08, 2027)

PERSONAL INFORMATION

Name: _____

Address: _____

_____

City, State, Zip: _____

Contact Number: _____

TCT Membership Number:_____

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

❑ YES ❑ No

If yes, how: _____

Email Address: _____

What district are you applying for?

District 2 ☐ District 3 ☐

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, PO Box 299, Council Grove, KS 66846 - Attn: Nominating Committee or Email: Nominating.Committee@tctkansas.net
MUST BE RECEIVED BY 5PM, JANUARY 8, 2027

Rev. 10/2026