

Board Membership Application

Duties of the Board of Directors: Board Members must be members of the organization. The Board shall establish and regularly review the policies of the EOSSB and hire an Executive Director to be responsible for the day-to-day operations, and shall exercise or direct the management of all corporate powers and affairs of the Corporation, except as limited by the Articles of Incorporation, the Bylaws, or Oregon Law. Board Members must be able to attend board meetings and annual meetings. Board meetings will occur from 4 to 10 times per year. Board meetings will occur at various locations throughout Eastern Oregon as determined by a majority of the members of the Board.

I am interested in being elected as a member of the Board of Directors of the Eastern Oregon Support Services Brokerage.

I am interested in becoming a member of the Board of Directors because:

If I were to attend Board Meetings (at various locations throughout Eastern Oregon), the best times for me would be:

Mornings Afternoons Evenings Weekends

The following days or times are not possible for me to attend:

I will need assistance getting to meetings. Please describe:

Note: Financial assistance is available to help families and self-advocates to be members of the Board of Directors.

Signatures

Applicant

Date

Person assisting the Applicant

Please return completed form to:

EOSSB
PO Box 329
Hood River, OR 97031

Eastern Oregon Support Services Brokerage

Membership Application

Name: _____

E-Mail Address: _____

Address: _____

Home Phone: _____

Work Phone: _____

Please check all that apply:

I am a person with a disability who qualifies for developmental disability services (check with a case manager if you are not sure).

I am a family member of a person who qualifies for developmental disability services.

I am a member of an advocacy group or groups.
Please list.

I am paid to provide services or I serve on the board of a service provider agency.
Please describe:

I am employed by or serve on the board of a case management entity.
Please describe:

Privileges and duties of membership: Members are entitled to receive all membership publications and materials, to have the right to services available through the auspices of the Brokerage (if qualified), to vote in official matters of the Brokerage, to elect members of the Board of Directors, to hold office, to stand for election to the Board of Directors, and to serve as chairpersons or members of committees or other groups engaged in the work of the Brokerage. Members must share in the common goal for which the organization was created; actively participate in achieving the organization's purpose; and pay annual dues of \$5.00 unless payment would create a hardship.

I am interested in becoming a member of the Eastern Oregon Support Services Brokerage, and enclose my \$5.00 annual membership dues.

I am interested in becoming a member of the Eastern Oregon Support Services Brokerage but cannot afford the \$5.00 annual membership dues.

Applicant signature

Date

Person assisting the Applicant

Please return completed form
And Payment to:

EOSSB
PO Box 329
Hood River, OR 97031