

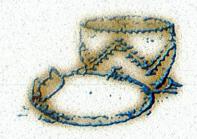
Board of Directors Application Klamath Tribes' Economic Development Corporation

Applicant information
Name:
Email:
Phone:
Address:
Although the KTEDC Charter does not require that all its members be enrolled members of the Klamath Tribes, please indicate your tribal status or relationship to the Klamath Tribes below.
Klamath Tribes Enrollment Number:
Klamath Tribes Descendant? Yes No
Enrolled in Other Federally Recognized Tribe? (Please identify which one.)
Please provide any explanation of your relationship to the Klamath Tribes that you believe relevant.

Education, Credentials and Professional Designations

1. Education Obtained:

501 Chiloquin Blvd. – P.O. Box 436 – Chiloquin, Oregon 97624 (541) 783-2219



□ bachelor's Degree	· *	Utiler waster's Degree	
□ MBA		□ PhD	•
□ 1D			
2. Educational Degr	rees:		•
Degree:	Date Received:	College or Institution:	· · · · · · · · · · · · · · · · · · ·
Degree:	Date Received:	College or Institution:	
Degree:	Date Received:	College or Institution:	
3. Licenses, Designa	ations or Certifications:		
Name:	Date Received:	Granting Organization:	· · · · · · · · · · · · · · · · · · ·
Name:	Date Received:	Granting Organization:	
Name:	Date Received:	Granting Organization:	· ·

Professional Experience

please provide a copy of your resume. Job Title: _____ End Date: _____ Company Name: Address: _____ City: ___ State: ___ Zip: ___ Reference Name: _____ Phone Number: ____ Job Title: _____ Start Date: ____ End Date: ____ Company Name: Address: _____ City: ____ State: ____ Zip: ____ Reference Name: _____ Phone Number: ____ Job Title: _____ Start Date: ____ End Date: ____ Company Name: Address: _____ City: ____ State: ___ Zip: ____ Reference Name: _____ Phone Number: _____ Company Name: Address: _____ City: ____ State: ____ Zip: ____ Reference Name: Phone Number: 2. Are you currently, or have you ever, served as a director (or similar position) on another entity's board of directors or similar governing entity? □ No ☐ Yes. If yes, please provide the entity and dates of service below. Please requested information with an attachment if you have held multiple director positions. Start Date: End Date: Entity:

1. Please list your current and previous employment and/or work experiences. Additionally,

Disclosures

1. Have you ever h	ad a license	relinquishe	ed or revo	oked?			···
□ No	☐ Yes. If	yes, please	explain in	the space be	low or atta	ch an expla	anation.
			· ·			. •	
						•	
2. Have you ever be	een convicte	ed of a crim	ıe?			•	
□ No	☐ Yes. If	yes, please	explain in	the space bel	low or atta	ch an expla	nation.
		· · · · · · · · · · · · · · · · · · ·					
		•				٠.	
3. Are you currently Administration a federal assistance	nd listed as i	ineligible f	rom recei	ving federal	contracts	s, subcontr	
□ No	☐ Yes. If	yes, please	explain in	the space bel	ow or atta	ch an expla	nation.
			•				

4.	Are you, or have you ever been, under notice regarding complaints raised by clients or any regulatory agency which have led or may lead to legal or disciplinary action?
	No
5.	Please disclose any potential conflicts that may prevent you from serving on the Board of Directors for the Klamath Tribes' Economic Development Corporation. Please use an attachment if necessary.
Qı	nalification Questions
1.	Please explain any relevant experience you may have relating to finance or corporate governance including but not limited to relevant professional experience, education, license, designation, certification, or other credentials.

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2. Please provide a brief statement explaining why you would like to serve as a Director Board of Directors for the Klamath Tribes' Economic Development Corporation. 3. Please briefly explain why your background and experience will qualify you to serve of Board of Directors for the Klamath Tribes' Economic Development Corporation. Applicant Certification I hereby certify that everything set forth in or attached to this Board of Directors Applicant true and complete to the best of my knowledge. Applicant Name (Print): Applicant's Signature: Date: Date:								
				ched to th	is Board	of Direct	tors App	olica
Applicant Nam	e (Print):			· ·		· ·	· •	
Amuliaanda Cia	nature:				٠			
Applicants Sig			····					