

BEP Board Member Application

Applicant Information					
Full Name:				Date:	
	Last	First	M.I.		
Address:					
	Street Address			Apartment/Unit #	
	City		State	ZIP Code	
Phone:	•	Email			
Phone: EmailEmail					
What is your connection to Benton County? (select all that apply)					
Own a Business in the County		☐ County Resident	County Resident		
		F			
		Experience			
1		and attach additional pages, ar			
3					
		Meeting Schedu	ıle		
Will you be able to make a three-year commitment to the committee?			? YES	NO	
Will you be able to attend 12 meetings during the year?			YES	NO	
Are you a member of Benton Economic Partnership, Inc.?			YES	NO	
(If not currently a member, will you become a member prior to the BEP Annual Meeting?)					