

## OREGON FIRE SERVICE OFFICE ADMINISTRATORS Board Position Application

Name:	1	Phone:
Position:	]	Fax:
District/Department:		
Address:		
City:		
I hereby tender my application for the year term) in the Oregon Fire Service (		
Vice President		Treasurer
Region 1 Representative		<b></b> Region 2 Representative
Region 3 Representative		Region 4 Representative
Region 5 Representative		
COMMITTEES:Audit Chair		
Applicant's Signature		Date

Applicants must furnish written approval from the appropriate authority verifying member's availability to serve as on the OFSOA Board. To satisfy this requirement, the following must be completed to qualify candidate:

WE APPROVE AND SUPPORT OUR APPLICANT'S INVOLVEMENT AS A BOARD MEMBER FOR THE OREGON FIRE SERVICE OFFICE ADMINISTRATORS FOR THE TERM LISTED ABOVE.

**Signature of Applicant's Authority** 

Date