



2022 Member Appointment Contact Information

Regional District Information

RD Name: _____

RD Mailing Address: _____

Street Address _____ Unit Number _____

City _____ Province _____ Postal Code _____

Appointed Member Contact Information

Full Name: _____

Last _____ First _____ M.I. _____

Address: _____

Street Address _____ Apartment/Unit # _____

City _____ Province _____ Postal Code _____

Email _____ Phone # _____

Please indicate which address is to be used for main contact:

Regional District Address

Member Address

Alternate Appointed Member Contact Information

**mailing address of Regional District will be used if necessary*

Full Name: _____

Last _____ First _____ M.I. _____

Email _____ Phone # _____

Secondary Contact Required to Send Correspondence To

Full Name: _____

Last _____ First _____ M.I. _____

Email _____ Phone # _____

RD CAO
or CO

Name

Signature