

WYOMING HIGH SCHOOL RODEO ASSOCIATION
APPLICATION FOR A POSITION ON THE ADULT BOARD OF DIRECTORS

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OCCUPATION: _____

E-MAIL: _____ Length of Term (2-4 yrs) _____

Phone: (H) _____ (W) _____ (C) _____

Background (include both rodeo and business):

Qualifications (include other boards and organizations):

Why would you make a valuable member of the WHSRA board?

What areas of the association are important to you and why?

Mail To: WHSRA President, Thorpe Thompson
4180 RD 44
Yoder, WY 82244