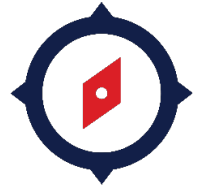




Application for KTAB



Date: _____

Name: _____

Email: _____

Street Address: _____

Phone: _____

What positive effect does or potentially will KCTS have for you personally or professionally?

What county do you reside in?

- Kimball
- Cheyenne
- Deuel
- Banner
- Scotts Bluff

Recommended by?

City/Village of _____

County of _____

Date of Approval _____

What are you most interested in while serving on this board? (Choose all that apply)

- Budget
- Service Areas
- Fares
- Types of Services Offered
- Compliance
- Inclusion
- Fund raising
- Community Outreach

Please list your training, education or experience relevant to this board.

I understand the role and responsibility of membership on the KCTS Advisory Board, and I am willing to serve. I understand I might be contacted by citizens or other board members at the email address listed on this application.

Signature