



**McLeod Cooperative Power Association Director Candidate Application**

By signing this application, I certify that I am a member of McLeod Co-op Power Association (MCPA), and I hereby apply as a nominee for director of MCPA from District \_\_\_\_\_ and request that my name be considered by the Nominating Committee to be placed on the ballot for the next election for director from said district to be held at the next MCPA annual meeting, April 9, 2019.

- *I am a member in good standing of the Cooperative and my account is current;*
- *I am receiving service at my primary residence or principal place of business in the district from which the Director is elected;*
- *Within the past five (5) years I have not been adjudged to be guilty of a felony;*
- *Within the past five (5) years I have not been an employee of the Cooperative;*
- *During the past five (5) years I have not been employed by a labor union which represents, or has represented, or has endeavored to represent any employees of the Cooperative;*
- *I am not a close relative of a current employee of the Co-op or of an incumbent Director that is not up for re-election (includes a child, grandchild, great-grandchild, parent, grandparent, great-grandparent, brother, sister, aunt, uncle, nephew or niece, whether by blood, or in law);*
- *I am not in any way employed by or substantially financially interested in an enterprise competing with the Cooperative or any Cooperative-affiliated business;*
- *I am not the full-time employee or agent of another Director;*
- *If elected, I agree to not be absent without cause from three (3) or more regular meetings of the Board of Directors during any twelve (12) month period, and abide by the Articles of Incorporation and By-Laws and policies of MCPA.*

I have read the above requirements and certify that I meet the candidate qualifications. I verify that all information and documentation I provide to MCPA for purposes of nomination or election as a director is true and correct.

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

Print Address \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Return to MCPA by January 15, 2019**