# Cibola Mutual Water Company

**Board of Directors Application Form**

First Name:

Last Name :

Address Line 1:

Address Line 2:

City : State : Zip :

Phone # : Email :

Are you a full time resident?

**Optional:**

Employment Experience :

Name of Current /Past Employer:

Postion :

Please list any groups, organizations or business that you could serve as a liasion to on behalf of Cibola Mutual Water Company?

Please tell us anything else you'd like to share.

Signature : Date:

Thank you for applying.