Orono Lake Improvement District

BOARD MEMBER APPLICATION

APPLICANT INFORMATION

Name: _____Email: _____

Address: _____Phone: _____

Employer: _____ Year-round Lake Resident: ☐ Yes ☐ No

Statement of Interest: Please state briefly why you are interested in serving on the Orono Lake Improvement District Board.

Relevant Experience: Please describe your educational, professional, civic, or community participation, which may be relevant in serving on this board/commission.

Signed:_____ Date: _____

Applications must be received at the official postal address of the OLID (below) OR emailed to oronolid@gmail.com by **July 31st** to be included on the published ballot. Nominations may also be made from the floor at the Annual Meeting. All nominees made from the floor at the Annual Meeting must be present.

Mail to: Orono Lake Improvement District • P.O. Box 851 • Elk River, MN 55330