2024 District 2 Petition for Director Nomination

Director Nominee: _____

Please check box beside date line to confirm that petition statement below has been read and understood:

By signing this form I hereby affirm my support to nominate _____ to run in the 2024 election for Arrowhead Cooperative Board of Directors, representing District 2. I also affirm that I am a member of Arrowhead Cooperative with a service address in District 2. Only one joint member will be counted toward the 15 signature requirement. This petition must be signed by at least 15 members who have voting rights in District 2.

Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐
Print Name	Service Address	Signature	Date	☐