2026–2027 SCHRA GOVERNING BOARD

Board Member Contact Information

Please complete all applicable fields. SCHRA uses this information to maintain Governing Board records, calculate mileage reimbursement, and send meeting notices, Board packets, training information, and other Board correspondence.

BOARD MEMBER INFORMATION

Name

Title / Position

Phone Number

Alternate Phone (optional)

Preferred Email for Board Communications Use the email address where you want Board information sent.

ADDRESS INFORMATION

OFFICE / WORK PHYSICAL ADDRESS — REQUIRED FOR MILEAGE

Please provide the physical location from which you normally travel to SCHRA Board meetings. Do not use a P.O. Box.

Street Address

City

State

ZIP Code

MAILING ADDRESS — REQUIRED FOR CORRESPONDENCE

Please provide the address where you would like SCHRA to mail Board correspondence, reimbursement checks, or other materials.

☐ Same as office/work physical address above

Street Address / P.O. Box

City

State

ZIP Code

ASSISTANT OR ALTERNATE CONTACT

If an assistant, office staff member, or other contact helps you manage your schedule or Board correspondence, please provide their information below. This section may be left blank if not applicable.

Name

Title / Role

Phone Number

Email

BOARD COMMUNICATIONS

May SCHRA copy this person on routine Board meeting notices and reminders?

☐ Yes ☐ No