

		this application to run for the rd of Directors for the election to be
held during the 2025 annual m	embership meetings for the Artting this application, I certify that I	rctic Slope Telephone Association I am a Cooperative Member in good
Applicant's Signature:	Date:	
The undersigned ASTAC members f named member's application. <i>At lea District must sign the application</i> .	rom theast five (5) Cooperative members in	_ <b>District</b> hereby endorse the above- n good standing from the Applicant's
PRINT NAME	<u>SIGNATURE</u>	TELEPHONE NUMBER
1		
2		_
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**The Applicant must complete the	ncomplete application will be reject	
Applicant's Billing Address:		
Applicant's Phone Number (associate	ed with ASTAC account):	
Applicant's Email Address (if applica	ble):	
		stac.net or by USPS to the Cooperative's olications are deemed submitted when
	three applications received by the C	more than three (3) qualified members Cooperative will be accepted and those
Т	This section to be completed by ASTAC Sta	ıff
	Time Application Received:	
Member Eligible: Yes No	Application: Accepted Rejecte	ed:

Revised 4.2025