

Tennessee Department Of State
Division of Publications

Open Appointments

Edit Member Information

Only add member information that has changed to the form.

Board Name: _____

Member Name: _____

Address : _____

_____ Tn
City State ZIP

Phone: _____

County: _____

House District: _____

Senate District: _____

Sex: Male Female

Race: _____

Term: _____ to _____

Position Qualifications: (Indicate all statutory requirements the appointee of this particular position must fulfill; e.g.: appointee must reside in West Tennessee, must represent private citizens, or must represent industry or teachers, etc.)

This form was prepared by:

Name: _____

Phone: _____

Email: _____

Date Submitted: _____

Office Use Only

Form Received: _____

