

B.H.A.M. Representative Application

Name: _____

Address: _____

DOB: _____ Email: _____

Phone: _____ Cell: _____

Parent's
Name: _____

Parent's
Address: _____

High School: _____ Graduation Year: _____

College: _____ Graduation Year: _____

Degree: _____

School
Activites: _____

Have you ever had a conflict or dispute with BHAM? Yes/No

If yes, please
explain: _____

** Please submit a resume with 3 references (non-related) by December 1st.

Send Application by Sept 28, 2019 to:

BHAM Representative contest

5655 Willow Road

Milan, MI 48160

** All Representative Candidates are subject to review and approval by the BHAM Board of Directors. **