

Training Request - Members and Clerks

Applicant Information

First Name

Last Name

Email: _____

Telephone: _____

Course Information

ARB Training

SDAB Training

Course Location _____

Training Date: _____

New Member

Member Refresher

Clerk Refresher

New Clerk

Municipality/Municipal Organization

Name of Municipality Appointed To: _____

Name of (CAO/Director/Manager) authorizing training:

First Name

Last Name

Email: _____

Telephone: _____

Signature of CAO/Director/Manager

Date