

APPLICATION FOR DIRECTOR

Introduction

Being a Director of Paul Bunyan Rural Telephone Cooperative (the “Cooperative”) is an important and challenging responsibility. Certain specific qualifications for eligibility and retention as a Director are set forth in Article III, Section 2(b) of the Cooperative Bylaws, which provisions govern in all respects. These qualification requirements are summarized below:

No person shall be eligible to become or remain a director of the Cooperative who:

- Is not a member of the Cooperative receiving specified services from the Cooperative at the candidate's primary residence which is located in the district with respect to which the candidate would become a director if elected.
- Became a member of the Cooperative after September 1st of the year immediately preceding the year in which he/she is to become a director.
- Within five (5) years preceding a director candidate's nomination was an employee of the Cooperative or any business owned by the Cooperative.
- Is, becomes, or was at any time during the five (5) years preceding a director candidate's nomination, employed by a labor union which represents, has represented, or has endeavored to represent any employees of the Cooperative or any business owned by the Cooperative.
- Is a Related Party of an employee of the Cooperative or any business owned by the Cooperative. A person is a “Related Party” if they are a grandparent, parent, spouse, brother, sister, co-habitant, child or grandchild by blood or marriage
- Is a Related Party of an incumbent director that is not up for re-election.
- Is employed by, affiliated with, have financial interest in or is a director or hold a position of leadership or influence with respect to any individual or entity which is: (i) directly or substantially competing with the Cooperative or any business owned by the Cooperative; (ii) selling goods or services in substantial quantity to the Cooperative or any business owned by the Cooperative; or (iii) possesses a substantial conflict of interest with the Cooperative or any business owned by the Cooperative.
- Is or becomes the full-time employee or agent of, or who is or becomes the full-time employer or principal of, another director.
- Is a member of a joint membership under circumstances or such joint membership has a joint member who is serving as a director or is in a position of trust in the Cooperative.
- Has been finally adjudged to be guilty of any felony, or any gross misdemeanor pertaining to a crime involving moral turpitude.
- Is currently involved in litigation with a cooperative or any business owned by the Cooperative or has been involved in the litigation with the Cooperative or any business owned by the Cooperative within ten (10) years preceding your nomination.
- Is absent without being excused by the board from three (3) or more regular meetings of the Board of Directors during any twelve (12) month period.

In addition to the above, general law imposes certain duties upon directors. The following application questions are designed to ensure you are eligible to be a candidate for director and to remain as director if elected.

Candidate Full Legal Name:

FIRST

MIDDLE

LAST

Address, Primary Residence:

CITY

STATE

ZIP

Are you a member of the Cooperative? ☐ YES ☐ NO

District (specify district number) _____

Do you currently receive telephone, broadband or other communication services from the Cooperative at the Primary Residence address listed above?

☐ YES ☐ NO

If no, please identify the address where you receive telephone, broadband or other communication services from the Cooperative:

Please list the date upon which you first began receiving telephone, broadband or other communication services from the Cooperative: _____

Current Employer (name, address, title or description of duties and responsibilities):

It is anticipated that a typical Director will spend at least 20 days per year preparing for and attending meetings of the Board of Directors and of the general membership, representing the Cooperative on committees and attending conferences. Most of the meetings are conducted during traditional business hours and the attendance of conferences typically requires out-of-town travel.

Are you able to commit that amount of time to be actively involved in the affairs of the Cooperative?

☐ YES ☐ NO

Are you currently employed or have been employed at any time within the preceding five (5) years by the Cooperative or any business owned by the Cooperative?

☐ YES ☐ NO

If yes, please explain:

A director has a duty of loyalty to the Cooperative and a fiduciary duty to act in the best interests of the Cooperative and its members as the director reasonably believes to be the case under the circumstances. Relating to those duties, please answer the following questions:

Will you be able to act in the best interests of the Cooperative even though it may conflict with your personal interests?

☐ YES ☐ NO

Comments:

Do you have a commitment of loyalty to another commercial enterprise or a labor union that may conflict with the best interests of the Cooperative or any business owned by the Cooperative, or which is engaged in business dealings with or is a competitor of the Cooperative or any business owned by the Cooperative? (If Yes, please describe in detail the nature of your responsibilities or the potential conflict, including identifying the organization and your authority and duties within the organization that present the potential conflict. Attach additional pages if necessary).

☐ YES ☐ NO

Comments:

Are you a Related Party of an employee of the Cooperative or a business owned by the Cooperative or an incumbent director? (If Yes, please explain.)

☐ YES ☐ NO

Comments:

Have you been determined to be guilty of any felony or any gross misdemeanor pertaining to a crime involving moral turpitude? The Cooperative defines such matters as any felony or gross misdemeanor that demonstrates an absence of good moral character, broadly defined. (If Yes, please explain.)

☐ YES ☐ NO

Comments:

Have you at any time been engaged with litigation with the Cooperative or any business owned by the Cooperative. (If Yes, please explain.)

☐ YES ☐ NO

Comments:

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Affirmation

I, the undersigned, hereby state and affirm:

1. I have read the Cooperative's Bylaws, including Article III regarding directors and the specific qualification criteria set forth in Article III, Section 2(b).
2. If elected, I meet the requisite qualifications to be nominated and elected or appointed as a Cooperative director.
3. I am qualified to serve as a Cooperative director.
4. I understand a background check, including verification of the information provided on this application, a social media activity review, and criminal background check will be conducted and expressly authorize Paul Bunyan Rural Telephone Cooperative, to conduct such background checks, verifications, and reviews relating to my application for director.
5. I acknowledge my candidacy is subject to nomination either: (i) at the district meeting to be held in the director district with respect to which my application relates; or (ii) by submitting with this application a properly completed and signed nomination form (attached) from at least **TWO MEMBERS** who are receiving telephone, broadband or other communication services from the Cooperative at the service address in the District with respect to which my application relates.
6. I have attached to this Application a completed Paul Bunyan Communications Board of Directors "Meet the Candidate" Information Statement and will provide the personal image referenced in the Information Statement promptly following my submission of this Application. I give my permission to include any image and biographical information set forth in the Information Statement in connection with my Application, my candidacy for Board election and as a member of the Board of Directors of the Cooperative should I be elected.
7. I have attached a completed Informed Consent Authorization which I understand the Cooperative will use for the purpose of obtaining information from the Minnesota Bureau of Criminal Apprehension in conjunction with my this Application.

Signature

Date

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

On this _____ day of _____, 20____, before me personally appeared _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that (s)he signed and sealed the same as his/her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first written above.

SEAL

Notary Public

Residing At:

Commission Expires: _____

NOMINATION FOR DISTRICT DIRECTOR

The undersigned natural person designated as the “Member,” hereby nominates the undersigned natural person identified below as the “Nominated Candidate” to be a director-candidate for the ensuing [date] district caucus election.

MEMBER INFORMATION

Member Full Legal Name:

FIRST

MIDDLE

LAST

Member Address, Primary Residence:

CITY

STATE

ZIP

Member Number: _____ Member District (specify district number): _____

By submitting this Nomination Form, the undersigned Member hereby acknowledges that they are currently receiving telephone, broadband or other communication services from the Cooperative at the Primary Residence address listed above and, to the best of their knowledge, the Nominated Candidate information set forth below is true and correct.

NOMINATED CANDIDATE INFORMATION

Candidate Full Legal Name:

FIRST

MIDDLE

LAST

Candidate Address, Primary Residence:

CITY

STATE

ZIP

Candidate District (specify district number): _____

The undersigned Member, under penalties of perjury, hereby submits this Nomination for District Director for the purpose of nominating the above-designated “Nominated Candidate.” This nomination form automatically expires and is of no further force or effect 11 months following the date set forth adjacent to the Member signature below.

MEMBER SIGNATURE

DATE

NOMINATION FOR DISTRICT DIRECTOR

The undersigned natural person designated as the “Member,” hereby nominates the undersigned natural person identified below as the “Nominated Candidate” to be a director-candidate for the ensuing [date] district caucus election.

MEMBER INFORMATION

Member Full Legal Name:

FIRST

MIDDLE

LAST

Member Address, Primary Residence:

CITY

STATE

ZIP

Member Number: _____ Member District (specify district number): _____

By submitting this Nomination Form, the undersigned Member hereby acknowledges that they are currently receiving telephone, broadband or other communication services from the Cooperative at the Primary Residence address listed above and, to the best of their knowledge, the Nominated Candidate information set forth below is true and correct.

NOMINATED CANDIDATE INFORMATION

Candidate Full Legal Name:

FIRST

MIDDLE

LAST

Candidate Address, Primary Residence:

CITY

STATE

ZIP

Candidate District (specify district number): _____

The undersigned Member, under penalties of perjury, hereby submits this Nomination for District Director for the purpose of nominating the above-designated “Nominated Candidate.” This nomination form automatically expires and is of no further force or effect 11 months following the date set forth adjacent to the Member signature below.

MEMBER SIGNATURE

DATE

DISTRICT BOARD MEMBER CANDIDATE INFORMATION

This form must be returned with your application for Director and the information will be included in a “Meet the Candidates” insert sent to members with election information/ballots.

You must also e-mail a digital photograph to bob.lindberg@paulbunyan.coop. For application deadline date, please check our website or contact our offices toll free at 888-586-3100.

Name (as you would like it to appear) _____

What District are you a candidate in? _____

In 300 words or less share information about yourself that you would like members to know.
(Note: due to space limitations all candidates are limited to 300 words or less)

What do you feel are the most important issues facing the cooperative? (100 words or less)

INFORMED CONSENT AUTHORIZATION

Paul Bunyan Rural Telephone Cooperative • 1831 Anne Street NW, Suite 100
Bemidji, MN 56601 • Phone (218)-444-1234 or (888)-536-3100

Date: _____

The following named individual has made application with the Cooperative for a position as a member of the Cooperative's Board of Directors.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____ Sex: ☐ Male ☐ Female
Month / Day / Year

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to Paul Bunyan Rural Telephone Cooperative for the purpose of being elected as a member of the Board of Directors of Paul Bunyan Rural Telephone Cooperative.

The expiration of this authorization shall be one year from the date of my signature.

Signature of Applicant: _____

Date: _____

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

On this ____ day of _____, 20____, before me personally appeared _____, to me known to be the individual described in and who executed the foregoing instrument and acknowledged that (s)he signed and sealed the same as his/her own free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL the day and year in this certificate first written above.

SEAL

Notary Public

Residing At: _____

Commission Expires: _____