



**MEMBER PETITION FOR DIRECTOR NOMINATION
FOR MARCH 18, 2017 BOARD OF DIRECTORS ELECTION**

INSTRUCTIONS: All candidates must completely fill out and certify with their signature the requested information on the first page of this petition. Candidates may also complete page two of the petition if they desire to have a short statement about their candidacy included with the ballot. Thereafter, on the following pages of the petition, they must obtain the account holder names, signatures and account information from at least 35 KIUC members, none of whom have previously signed more than two other Member Petitions for Director Nominations in this election. It is recommended that candidates obtain a few more than 35 member signatures in case one or more signatures are invalidated. Completed petitions must be received by KIUC at 4463 Pahe'e Street, Suite 1, Lihu'e, HI 96766-2000, no later January 3, 2017 at 4:00 p.m.

WHEREAS, Section 3 of Article III of the bylaws of Kaua'i Island Utility Cooperative ("KIUC") allows the nomination by petition of qualified members of KIUC to run for any KIUC directorship position or positions to be elected; and

WHEREAS, the undersigned member of KIUC certifies that he/she desires to be and is eligible to be nominated to run for one of the directorships to be elected on KIUC Election Day, March 18, 2017, based on the following data:

Name: _____

Address: _____
 Street or P. O. Box _____ Apt _____

_____ City and State _____ Zip _____

Service Location: _____
 (If different) Street or P. O. Box _____ Apt _____

_____ City and State _____ Zip _____

Account Number: _____

Telephone Number: _____

SSN: _____ (Optional)

I hereby certify that the above information is correct, that I have the capacity to enter into a legally binding contract, and that I am willing to: (1) attend a session of prospective KIUC Director Orientation as scheduled prior to the election (unless previously a KIUC Director), (2) earn an appropriate director certificate from the National Rural Electric Cooperative Association within two years of taking office, (3) attend at least two-thirds of all Board Meetings, and (4) comply with the other requirements of Board Policy No. 18.

Signature



NOW, THEREFORE, for the purpose of nominating _____ to run for one of the directorship positions to be filled by the March 18, 2017 KIUC Board of Directors Election, the undersigned members of KIUC hereby affix their signatures to this petition indicating their membership data and certify that they have not previously signed more than eight such petitions for this election:

1. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

2. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

3. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

4. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

5. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

6. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

7. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

8. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

9. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

10. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____



11. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

13. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

15. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

17. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

19. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

12. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

14. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

16. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

18. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

20. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____



21. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

23. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

25. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

27. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

29. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

22. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

24. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

26. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

28. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

30. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____



31. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

32. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

33. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

34. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

35. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

36. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

37. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

38. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

39. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____

40. Name: _____

Service Address: _____

Phone or KIUC Acct. No.: _____

Signature: _____