

# SDSHS

## Candidate Information Form to Members

Candidate's Name: \_\_\_\_\_

Current City/Town: \_\_\_\_\_

Number of Years of SDSHS Membership: \_\_\_\_\_

The type of seats being sought (SDCL 1-18-13.3):

At-Large

Optional Photo

Brief biography and reasons seeking the office (Limited to the space below):