

## **DIRECTOR'S AFFILIATIONS**

Institution		Date:	
Name of Director		Date Originally Elected	
Business		Date Term Expires	
Please check which sh	nould be used as your mailing address.		
( ) Business Address			
( ) Home Address			
Cinnatura			
Signature			

## BUSINESS AFFILIATIONS INCLUDING CORPORATIONS OF WHICH YOU ARE AN OFFICER OR DIRECTOR OR WHICH YOU CONTROL THROUGH STOCK OWNERSHIP AND PARTNERSHIPS OF WHICH YOU ARE A MEMBER

NAME OF FIRM OR CORPORATION	BUSINESS OF FIRM OR CORPORATION	OFFICIAL POSITION IN FIRM OR CORPORATION	% INTEREST OWNED
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%