

INSROA

Regional Representative Information Application

Name: _____ Phone #1 _____

Phone #2 _____ Email: _____

Police Agency: _____

School District: _____

Mailing Address: _____ City _____

Zip Code: _____ District Applying for: _____

Statement on wanting to become INSROA Regional Representative:

(Use additional page if needed)

Signed: _____ Date: _____

Return information to Bruce Copple or email to bcopple@greensburg.k12.in.us

*Please provide or email a current photo