

Citizen Advisory Committee Membership Application

Please submit by January 15th

(Please Print)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (*home*): _____ (*cell*): _____ Email: _____

Occupation: _____

Availability: (*Would you be able to attend meetings, workshops, tours, etc...?*)

Background and Relative Experience:

Reasons for being on the Citizen Advisory Committee:

Signed: _____ Date: _____