

## Citizen Advisory Committee Membership Application Form

*(Please Print)*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone (home):** (    ) \_\_\_\_\_ **Phone (work):** (    ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Availability:** (Would you be able to attend regular meetings and take an active role working with the Capitol Region Watershed District Board of Managers?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Experience/Background:** (Describe experiences advising government bodies or participating in community groups, neighborhood associations, nonprofit organizations, cooperative societies, clubs, or any other group.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Motivation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above information is correct and authorize further processing of this application.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_