

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:** _____