



Community Advisory Committee Membership Application Form

Please send completed form to rkrivichi@capitolregionwd.org.

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 for applying:

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

Signed: _____ Date: _____