



## Community Advisory Committee Membership Application Form

Please send completed form to [rkrivichi@capitolregionwd.org](mailto: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?)

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

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**Motivation for applying:**

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

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