



ADVOCACY COUNCIL

NAME: _____

BUSINESS/ORGANIZATION: _____

BUSINESS/ORGANIZATION ADDRESS: _____

EMAIL: _____ PHONE: _____



PLEASE EXPLAIN BRIEFLY YOUR INTEREST IN THE ADVOCACY COUNCIL:



WERE YOU PROVIDED A COPY OF THE ADVOCACY COUNCIL CHARTER?

YES NO



DO YOU HAVE, OR DO YOU FORESEE, ANY CONFLICTS OF INTEREST IN YOUR ROLE AS A MEMBER OF THE ADVOCACY COUNCIL?

YES NO (PLEASE PROVIDE ANY EXPLANATIONS, IF NECESSARY):



APPLICANT SIGNATURE: _____ DATE: _____