

Committee Membership Application Form

Your Name: _____

Your Address: _____

Phone: _____ **Email:** _____

1. How many consecutive years have you served on this committee? _____ years

2. Are you the designated representative of an agency or organization? Yes No

3. If yes, what is the name of the agency or organization?

4. Current affiliations (organizations you belong to), if any:

5. Briefly state your reasons and interest in being appointed to the Committee:



Accessibility and Inclusion Advisory Committee

6. What, if any, is your background/experience/expertise relevant to this application?

7. What do you hope to contribute by your continued participation on the Committee?

8. If selected, what days/times would you be available to participate in meetings either virtually or in-person?

Attachments: Applicants may attach additional materials to support their application. Examples include: resume, curriculum vitae, letters of support or reference etc.

Applications in their entirety may be included in a Regular Council Meeting Agenda and forwarded to Council for consideration. Those Agendas become public as they are posted to the District's website. The District of Mackenzie will use personal information collected for the purposes of committee appointments and committee member listings. The undersigned consents to his/her/their application being processed in this manner.

Date

Signature

Completed applications should be returned by the advertised deadline to:

District of Mackenzie
Attn: Corporate Services
1 Mackenzie Blvd., PO Bag 340
Mackenzie, BC V0J 2C0
info@districtofmackenzie.ca