WATER RESOURCES COUNCIL

**Name of advisory group**

Associate Member — 2 Yrs.

**Seat Title ( Area or constituency represented)** — **Term length**

**TOMPKINS COUNTY LEGISLATURE**
**Courthouse, Ithaca NY 14850**
**www.tompkins-co.org/legislature**
**legislature@tompkins-co.org**

# ADVISORY BOARD APPLICATION

*Please type or print in black ink (Revised February 2009)*

If you are interested in serving as a member of an advisory group please complete this form; attach additional sheets if necessary. You may be called for an interview and you may wish to attend a meeting of the advisory group if you have not yet done so. Please contact the Legislature Office at 274-5434 or by e-mail: legislature@tompkins-co.org if you have any questions.

Name _____ Date of application _____

Address (residence) _____
Street City Zip Code

Telephone (home) _____ (work) _____ (mobile) _____ (fax) _____

Email address _____ Length of residence in Tompkins County _____

***If not a T.C. resident, please stop here and contact the Legislature Office***

Occupation(s)/name and location of business _____

Education _____
*schools (degrees) and specialties*

Why are you interested in this position?_____

_____

What particular strengths would you bring to this position? _____

_____

Experience and community affiliations _____

_____

Recommended by _____
*If organization or municipality, include name of entity, contact person, and telephone number; if another individual(s), give name(s) and telephone number(s).*

References: (1) _____
*name, address, and telephone number*
(2) _____
*name, address, and telephone number*

_____ _____
**Signature of Applicant**

***Office use only***

Type of appointment: *new or reappointment* Replacing: *(if new)*_____ Term expiration date _____

Seat Title (*area or constituency represented)*: _____

Municipal Recommendation on File ☐ Nominating Committee Recommendation Received ☐

Copied to Comm.:_____ Legislative Committee recommendation _____Date _____

Legislature appointment date _____ Appointment letter mailed date _____