



ID# \_\_\_\_\_

\_\_\_\_\_  
Name of advisory group

**TOMPKINS COUNTY LEGISLATURE**  
Governor Daniel D. Tompkins Building  
121 E Court Street, Ithaca NY 14850  
[www.tompkinscountynv.gov/legislature](http://www.tompkinscountynv.gov/legislature)  
607-274-5434/607-274-5430 (fax)

\_\_\_\_\_  
Seat Title (Area or constituency represented)      Term length

**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 \_\_\_\_\_