



Citizen Advisory Committee Membership Application

Name: _____

Address: _____

Mailing Address: _____

Email: _____

Phone: _____

Please explain why you want to serve on the committee and what unique experience and skill-set you will bring. Feel free to attach documents if needed.

Describe anything that you believe the Blue River Citizen Advisory Committee should address:

Statement of objectives/goals if appointed to the Blue River Citizen Advisory Committee:

If appointed to the Blue River Citizen Advisory Committee you agree to serve a minimum of one year and adhere to the committee guidelines, goals and objectives.

Signed

Date