

**CENTER FOR THE INLAND BAYS
CITIZEN'S ADVISORY COMMITTEE
APPLICATION FOR MEMBERSHIP**

Name _____

Evening Phone () _____ - _____

Address _____

Work Phone () _____ - _____

City _____

Facsimile () _____ - _____

State _____ Zip _____

Email _____

May we contact you at work? Yes No

What Groups, Organizations, or Associations are you currently a member of?

- | | | |
|--|---|---|
| <input type="checkbox"/> <i>Center for the Inland Bays</i> | <input type="checkbox"/> <i>Nat'l Wildlife Federation</i> | <input type="checkbox"/> <i>The Sierra Club</i> |
| <input type="checkbox"/> <i>The Nature Conservancy</i> | <input type="checkbox"/> <i>Nat'l Audubon Society</i> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> <i>Farm Bureau</i> | <input type="checkbox"/> <i>Delaware Grange</i> | <input type="checkbox"/> _____ |
| <input type="checkbox"/> <i>Delaware Nature Society</i> | <input type="checkbox"/> <i>Lions, Kiwanis, or Rotary</i> | <input type="checkbox"/> _____ |

How many hours per month would you be willing to volunteer for CAC or Center related events or functions?

- | | |
|--|--|
| <input type="checkbox"/> <i>None</i> | <input type="checkbox"/> <i>6 to 10 hours</i> |
| <input type="checkbox"/> <i>1 to 5 hours</i> | <input type="checkbox"/> <i>11 hours or more</i> |

Do you have any particular interest, background, education/training that may be helpful to CAC or the Center?

Are you willing to commit to at least 3 CAC meetings per year?

- Yes* *No*

Would you be willing to serve as an elected or appointed officer of CAC or a CAC Committee?

- Yes* *No*

Would you be willing to give presentations or speak to other groups about CAC or Inland Bays' issues?

- Yes* *No*

Why do you want to become a member of the CAC?
