

Date: _____

APPLICATION FOR
KOOTENAI COUNTY ADVISORY BOARD MEMBERSHIP

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone: Home: _____ Work: _____

Occupation: _____

E-mail Address: _____

In which Advisory Board(s) are you interested? _____

Describe your qualifications for membership on a Kootenai County Advisory Board:

Why would you be considered an asset to the Advisory Board?

List potential conflicts of interest as a member of an Advisory Board:

Please feel free to attach a resume or any additional information you wish to submit.