

Opal Creek Advisory Council

Nominee Biographical Sketch

Date: _____

Name: _____

Address: First Last

Street

City State Zip

Phone #: _____ Email: _____

Occupation: _____

Employer: _____

Education: _____

Other Experience:

The Advisory Council must represent a variety of interest areas. What interest group(s) will you represent?

Nominee's Alternate: Name:
 Address
 City, State Zip:
 Phone:

[Note: Alternates must complete an AD-755 and must be submitted with the nominees application packet.]

I hereby make this nomination to the Opal Creek Advisory Council:

Please Sign

Please Print name of person making nomination
Name:
Address:
Phone:

The following organization or group hereby supports this nomination to the Opal Creek Advisory Council:

Representative of Organization or Group

Please Print name and organization of person supporting this nomination
Representative:
Organization or Group:
Address:
Phone: