



**Sarasota Bay Estuary Program
Citizen Advisory Committee**

PROSPECTIVE MEMBER APPLICATION

Name _____ **Daytime phone** _____

Address _____ **Evening phone** _____

City/Zip _____ **Fax** _____

Occupation _____ **E-Mail** _____

Employer/Organization _____

Designated Alternate _____

How familiar are you with the Sarasota Bay Estuary Program?

Why are you interested in becoming a member of our Citizen Advisory Committee?

Are you able to meet on the first Monday of every month at 4:30pm?

Please state your background, including your education and work experience; explain how this applies to the function of the Citizen Advisory Committee:

List any of your professional credentials, licenses, or certificates that would be useful to the Citizen Advisory Committee:

List other committees/boards on which you serve or organizations in which you hold membership.

What are your hobbies and interests with respect to Sarasota Bay?

What do you perceive to be the most important issue affecting Sarasota Bay?

How did you find out about the CAC needing new members?

Resumes may be included, but the CAC Application **MUST** be completed in order to be considered; use additional pages if necessary. The applicant is responsible for keeping the information on the application current.

Thank you for your interest in Sarasota Bay Estuary Program and it's efforts to restore the area's greatest and most important natural asset – Sarasota Bay.

Please email, mail or fax this application to:

Sara Kane
Public Outreach Coordinator
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