



To Protect and Promote the Health and the Environment of the People of Kittitas County

Citizens Advisory Committee Membership Application

If you are interested in being a part of the Citizen’s Advisory Committee to work on the county environmental health code, please complete this form in its entirety and return it to KCPHD at 507 N Nanum Street, Suite 102, Ellensburg, Washington, 98926. Incomplete applications will not be considered.

Forms must be postmarked or returned to KCPHD by 5:00 PM on January 20, 2012 for consideration.

Name: _____

Professional Affiliation(s):

Phone Number: _____ Cell Phone Number: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address:

City: _____ State: _____ Zip Code: _____

Area of Interest: _____

Time/Day Availability, pick any that apply:

- | | | | | | |
|-------------------|--------------------------|------------|----------------------|--------------------------|-----------|
| Time Availability | <input type="checkbox"/> | Mornings | Weekday Availability | <input type="checkbox"/> | Monday |
| | <input type="checkbox"/> | Afternoons | | <input type="checkbox"/> | Tuesday |
| | <input type="checkbox"/> | Evenings | | <input type="checkbox"/> | Wednesday |
| | | | | <input type="checkbox"/> | Thursday |
| | | | | <input type="checkbox"/> | Friday |

Print Name: _____ Signature: _____ Date: _____

_____ I understand and acknowledge that there is a limited amount of space available in the Advisory Committee and (Initials) some of those that are interested may not be able to participate.

_____ I consent that KCPHD may make the a list of Advisory Committee participants along with contact (Initials) information available to the public and members of the public may contact me and I may be asked to represent their interest.