



# Plan Management Stakeholder Committee Member Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Additional Information:** If there are staff that could benefit from participating in the PMSC meetings as a non-member please provide their information below: Please note that if an individual is not a member and they do not appear in this section they will not receive information concerning PMSC meetings. If there are several individuals you can attach a list with the information requested below.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Please provide us with an interest statement describing what you would bring to the committee as a participant. You may also attach your resume/CV with this application. Thank you for your response.