



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.