

# Advisory Council Membership Application

Park \_\_\_\_\_

Supervisor \_\_\_\_\_

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip

Telephone \_\_\_\_\_

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

Areas of Interest:

Programs	_____
Fundraising	_____
Facility and grounds	_____
Park Promotion	_____
Other	_____

Please use the back of this application to add any additional comments regarding the role that you wish to have as a member of this advisory council. Also, please feel free to comment on your expectations of Park District staff and the advisory council.

Date \_\_\_\_\_

Signature \_\_\_\_\_