TOMPKINS COUNTY LEGISLATURE
Governor Daniel D. Tompkins Building
121 E Court Street, Ithaca NY 14850
www.tompkinscountyny.gov/legislature
607-274-5434/607-274-5430 (fax)

_____
Name of advisory group

_____ _____
Seat Title (Area or constituency represented) **Term length**

ADVISORY BOARD APPLICATION

Please type or print in black ink (Revised February 2009)

If you are interested in serving as a member of an advisory group please complete this form; attach additional sheets if necessary. You may be called for an interview and you may wish to attend a meeting of the advisory group if you have not yet done so. Please contact the Legislature Office at 274-5434 or by e-mail: legislature@tompkins-co.org if you have any questions.

Name _____ Date of application _____

Address (residence) _____
Street City Zip Code

Telephone (home) _____ (work) _____ (mobile) _____ (fax) _____

Email address _____ Length of residence in Tompkins County _____

If not a T.C. resident, please stop here and contact the Legislature Office

Occupation(s)/name and location of business _____

Education _____
schools (degrees) and specialties

Why are you interested in this position?

What particular strengths would you bring to this position?

Experience and community affiliations

Recommended by _____
If organization or municipality, include name of entity, contact person, and telephone number; if another individual(s), give name(s) and telephone number(s).

References: (1) _____
name, address, and telephone number
(2) _____
name, address, and telephone number

_____ _____
Signature of Applicant

Office use only

Type of appointment: *new or reappointment [*Replacing: *(if new)* _____ Term expiration date _____

Seat Title (*area or constituency represented)*: _____

Municipal Recommendation on File ☐ Nominating Committee Recommendation Received ☐

Copied to Comm.:_____ Legislative Committee recommendation _____Date _____

Legislature appointment date _____ Appointment letter mailed date _____