
ADVISORY BOARD INFORMATIONAL DATA



B. Have you received any degree(s), professional certification(s), or designations(s) related to the subject matter of this appointment? Yes No If "Yes", list:

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes No If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

11. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives.

<u>NAME</u>	<u>MAILING ADDRESS</u>	<u>ZIP CODE</u>	<u>AREA CODE/PHONE NUMBER</u>
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12. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No If "Yes", explain:

13. If required by law or administrative rule, will you file financial disclosure statements? Yes No

Signature of Applicant