

MEMBERSHIP NOMINATION FORM
Western Region Solid Waste Capacity Policy Advisory Group (PAG)

Name: _____

Title: _____

Employer: _____

Business Mailing Address: _____

Phone #: _____ Email: _____

Civic Affiliations: _____

Relevant Work, Education, or Other Experience: _____

Describe How You Could Contribute as a Member of the PAG: _____

SIGNATURE OF NOMINEE: _____ DATE: _____

SIGNATURE OF EXECUTIVE OFFICER OF ENTITY: _____ DATE: _____

PRINTED NAME OF EXECUTIVE OFFICER: _____

Please email this completed form as a scanned PDF to the Chair, Vice-Chair, and Secretary of the PAG.