

CGS Committee Membership Application



Member Information

Name	
Street Address	
City Prov. Postal Code	
Home Phone	
Work Phone	
E-Mail Address	

Committee

Tell us in which committee you are interested in becoming a part of:

Special Skills or Qualifications

Briefly summarize why you believe you would be a good choice to be a member of the above committee.

Agreement and Signature

By submitting this application, I acknowledge that I have read the CGS Policies regarding Committees and I understand that if I am accepted as a committee member, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the committee.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in becoming a CGS Committee Member.