

**APPLICATION FOR APPOINTMENT TO THE
REGIONAL DISTRICT OKANAGAN-SIMILKAMEEN
ADVISORY PLANNING COMMISSION**

Name of Applicant: _____ Date: _____

Address: _____

Phone: _____ (home) _____ (office) _____ (cell)

Email: _____

Work or business experience related to appointment:

Educational background / Professional qualifications:

Community/Volunteer Activities:

Reason for Seeking Appointment:

Thank you for offering your time to your community