MEMBERSHIP APPLICATION FOR CSCD FINANCIAL ADVISORY COMMITTEE

her con	rict, in the eby accom sidered for	District Area, that I appared this Application with	am qualified* to be a C th the Petition, signed sory Committee. I und	SCD Fina by 2 Fr	lder of the Cordry-Sweetwater Conservance ancial Advisory Committee member, and do eeholders from my Area, to have my name that the decision for selection will be made
whe	ether impro		4) number of years as	•	erience, 2) lot number(s) and addresses, 3 older, 5) Assessed Value of Freehold(s), and
	-	ation requested above, from a variety of all the			Conservancy has representation on the he District.
	Signat	ure:			
		CSCD	Financial Advisory Co	mmitte	e Mission
for with	the Annual	CSCD Operating Budget	. The Committee will o	onsist c	matters related to the collection of revenue of seven Freeholders, one from each Distric se of which will be the Chairperson for the
con <i>Ad</i>	sist of reco <i>Valorem</i> m	mmendations as to alter	nate ways of collecting	revenu	to be presented to the CSCD Board, that will ue in lieu of the Brown County administered g of CSCD revenue from the Brown Count
		e CSCD Board Member ne Freeholder Members.	(or both members), v	vill serv	e as a guide, moderator, go-between, and
Boa part sho twic	ord Meeting tof the infulded uld understore teamonth,	and annually renewable ormation needed for the and that attendance at I	e by the CSCD Board. A ne Conservancy Budge Financial Advisory Com	s the Fir t develo mittee	ar term, commencing at the October CSCI nancial Advisory Committee will be a centra opment process, each person volunteering Meetings is important. Meetings may occuttendance (rules t.b.d.) may lead to a person
		ATION TO HAVE THE N ONSIDERED FOR MEMBE			FROM THE DISTRIC
her	eby recom				Cordry- Sweetwater Conservancy District do be considered for membership fo
		PETITION w/ SIG	NATURE OF TWO FREE	HOLDE	RS FROM YOUR AREA
	DATE	NAME (SIGNATURE)	NAME (PRINTED)	LOT#	LEGAL ADDRESS