

UF/IFAS Extension Pasco Overall Advisory Council Application for Membership

*Members are appointed by the CED to serve 3 year terms

*For specific Membership guidelines, please contact the Pasco Extension Office

Last: _____ First: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Occupation: _____

Signature of Applicant: _____

*I acknowledge with my signature that I am applying for a 3 year term as a member of the UF/IFAS Extension Pasco Overall Advisory Council and that completion of this application does not mean automatic membership.

What experience, training or qualifications do you have for this particular board, committee or commission?

What contributions do you hope to make if accepted to the Council?

Briefly describe your involvement in relevant community groups and activities.

Why do you want to become a member?