

U. S. DEPARTMENT OF ENERGY
ENVIRONMENTAL MANAGEMENT SITE-SPECIFIC ADVISORY BOARD (EM SSAB)
Northern New Mexico Citizens' Advisory Board

Application No. (Please leave blank) _____

MEMBERSHIP APPLICATION

(Version: June 2017)

Why do you want to serve on the EM SSAB?

The EM SSAB is chartered under the Federal Advisory Committee Act and, as such, must represent a diversity of views. Toward better understanding the issues and concerns that have led you to apply for membership on this board, please indicate below your primary interest(s) or the perspective that you believe you most represent.

Please limit your choices to two categories and indicate your selections with a checkmark. In addition, please briefly explain those checked interests on the lines below the categories.

- | | |
|--|--|
| <input type="checkbox"/> County/City/Tribal Government | <input type="checkbox"/> Civic Issues |
| <input type="checkbox"/> Educational Issues | <input type="checkbox"/> Environmental Issues |
| <input type="checkbox"/> Minority Issues | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Labor Issues | <input type="checkbox"/> Business Issues |
| <input type="checkbox"/> Other (please explain) | <input type="checkbox"/> Economic Development Issues |

Please list all groups or organizations that you **currently** belong to and the **dates of membership**. Specify if you hold an office, chair a committee, etc. The EM SSAB is looking for members from organizations including, but not limited to, the following: County/City/Tribal governments, public or private educational institutions, minority groups, labor organizations, civic groups, environmental groups, public health and health care organizations, business groups, neighborhood groups.

Note: Membership in an organization is NOT a requirement for membership in the EM SSAB.

Name of Organization	Dates of Membership	Role (member, chair, president, etc.)

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Please note that a degree, certification, or technical background is NOT required for board membership. Members with different educational backgrounds all contribute to a diversity of opinions and experiences.

<u>Degree/Certification</u>	<u>Field</u>	<u>School/Institution</u>

Diversity Information (optional)

To meet the diversity membership criteria contained in the EM SSAB Guidance, DOE requests certain cultural and geographic information about applicants. Information in this section will be used for that specific purpose only. Race/Ethnicity:

- Caucasian African American Hispanic or Latino Native American Asian-American
 Other minority _____

Gender: M F

Age: Under 30 30-45 45-65 Over 65

How did you hear about the EM SSAB? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Newspaper advertisement
Name of newspaper _____ | <input type="checkbox"/> Radio advertisement
Name of radio station _____ |
| <input type="checkbox"/> EM SSAB website | <input type="checkbox"/> EM SSAB member |
| <input type="checkbox"/> E-mail Announcement | <input type="checkbox"/> DOE Mailings |
| <input type="checkbox"/> Other (please explain) _____ | |

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Membership Commitment

If selected to serve on the EM SSAB, I agree to attend board meetings and related training events, review background materials, and work cooperatively with the membership to fulfill the purpose of the board. Furthermore, I understand that the commitment of time expected is approximately 10 to 20 hours per month. I also understand that I will be a representative of my community and my work with the board will be directed toward issues affecting the EM program.

Print Name _____ Signature _____ Date _____