Gila Box Advisory Committee
Nomination Form

Nominee's Full Name:	
Business Address:	***Home Address:***
Business Phone:	***Home Phone:***
Email Address:	
Occupation/Title:	

Indicate Area of Interest to be Represented:

____ Governor of Arizona Representative

____ County Representative – Graham or Greenlee (circle one)

____ Resource Expertise related to the Gila Box: _____
(examples: wildlife biology, cultural resources, watershed management, environmental education, hydrology, outdoor recreation, botany, and related disciplines)

Education - *(colleges, degrees, major field of study; training related to category represented):*

Nominee's Name_____

Career Highlights *- (significant related experience, civic and professional activities, elected offices, prior advisory committee experience or career achievements related to the interest to be represented):*

Experience Related to or Knowledge of the Gila Box Riparian National Conservation Area:

Experience in Working with Diverse Groups to Achieve Collaborative Solutions *(e.g., civic organizations, planning commissions, school boards)****:***

Other Qualifications *- (other experience for covered in above categories):*

Indicate any BLM permits, leases or licenses held:

Nominee's Name_____

Nominated by:

Name:			
Address:			
Business Phone:		***Home Phone:***	
Email Address:			
Affiliation:			

Attach required Letters of Reference from interests or organizations to be represented.

Advisory Committee Requirements: Those selected to serve on the Gila Box Advisory Committee may serve three-year terms beginning on the date of their appointment. Some term lengths will be staggered. Members serve without salary, but are reimbursed for travel and per diem expenses at current rates for government employees..

Privacy Act Statement: The authority to request this information is contained in 5 U.S.C. 301, the Federal Advisory Committee Act, and Part 1784 of Title 43, Code of Federal Regulations. It is used by the appointment officer to determine education, training, and experience related to possible service on an Advisory Council of the Bureau of Land Management. If you are appointed as an advisor, the information will be retained by the appointing official as long as you serve. Otherwise, it will be destroyed or returned (if requested) within 60 days following announcement of the Council appointments. Completion of this form is voluntary. However, failure to complete any or all items will inhibit fair evaluation of your qualifications, and could result in you (or your nominee) not receiving full consideration for appointment.

_____ _____

Signature *Date*