



Salmon Arm Campus  
Candidate for  
Shuswap Advisory Committee  
Proposed Term: \_\_\_\_\_ to \_\_\_\_\_

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CANDIDATE: \_\_\_\_\_

Brief summary of candidate's background relating to membership on the  
Committee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Term: \_\_\_\_\_ (Please indicate if this is a first, second or third term  
appointment).

Replacing: (Office use only)