

**State Water Quality Advisory Committee
APPLICATION FOR APPOINTMENT**

Personal Information

Name _____

Home Address: _____

City: _____ State _____ Zip: _____

County of Residence: _____

Maryland Legislative District: _____

Congressional District: _____

Sponsoring person or organization, if any: _____

Are you an officer or board member of a professional association? _____ Yes _____ No

Office Held: _____

Do you hold a license in Maryland to practice a profession or trade? _____ Yes _____ No

Please describe briefly your reasons for applying for membership to this board or commission. Please include any specific experience or education that supports your qualification for this appointment.

Current Employment Information

Place of employment: _____

Occupation: _____ Self Employed _____ Yes _____ No

Business Address: _____

City: _____ State _____ Zip: _____

Business Phone: _____ Email: _____

Please attach a brief resume that includes academic background, work experience and professional, political and civic organizations membership, or supply this information below.

Please provide two references.

Name
Address
City, State, Zip
Phone
E-Mail

Name
Address
City, State, Zip
Phone
E-Mail

Please return your completed application as follows:

By Mail:

Christine Thomas
Maryland Department of the Environment
Water Management Administration
1800 Washington Boulevard
Baltimore, MD 21230