

**Application for Stakeholder Position
MWAQC Technical Advisory Committee**

Name: _____

Organization Represented: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Provide attach a brief (1 page) description of experience, qualifications, and interest in serving on the MWAQC Technical Advisory Committee.

Nominated by: (Name and affiliation, if other than candidate)

Date: _____

Send by December 29, 2009, to:
Joan Rohlf, MWCOG
777 North Capitol St., NE, Washington, D.C. 20002-4290
Fax: 202-962-3203