



**UPPER PENINSULA CITIZEN ADVISORY COUNCIL
APPLICATION FOR MEMBERSHIP**

Requested by the Michigan Department of Natural Resources.

APPLICANT INFORMATION	
Name of Applicant (Last, First, M.I.)	Telephone (including area code)
Street Address	Date of Birth
City, State, ZIP	E-mail Address
Name of Organization Stakeholder Group Affiliation	County of Residence
Describe your experience working with natural resource issues and programs: (attach additional sheets, if necessary)	
Describe your experience working in groups or with individuals to reach cooperative solutions:	
Please list your experience as a representative of any work group, committee, council, etc.:	
In your experience as a representative of the above, describe what worked and what didn't work:	
What are your personal interests?	

Turn over to complete application.

Date Received: _____

The DNR is subject to certain nondiscrimination recordkeeping and reporting requirements.

The DNR asks participants to voluntarily self-identify demographic information, including their race and gender. Providing this demographic information is **voluntary**. Any demographic information reported in DNR systems will be kept completely confidential and may be used only in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those that require the demographic information to be summarized and reported to the federal government for civil rights enforcement purposes.

Race/ethnicity:

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- White

CONSENT AND CERTIFICATION

I consent to the release of information concerning my ability and fitness for the position to which I seek to be appointed by my employer(s), schools, law enforcement agencies and other individuals and organizations. I authorize the use of the information provided above to conduct a background search.

I _____ (please print name), certify that all statements and representations provide in this statement and on accompanying materials are, to the best of my knowledge, true and accurate.

Signature

Date

Return completed application to:

By Mail:

Upper Peninsula Field Deputy, Michigan DNR
1990 U.S. 41 South
Marquette, MI 49855

By Email:

WellingS1@Michigan.gov or DahlstromK@Michigan.gov

By Fax:

906-228-9441

Questions:

906-226-1331

Date Received: _____