



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 ()
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?	

Signature _____

Date _____

Return completed application to:

Upper Peninsula Regional Director
Marquette Operations Service Center
Michigan Department of Natural Resources
1990 U.S. 41 South
Marquette, MI 49855

FAX: 906-228-9441 Email: wellings1@michigan.gov

Questions? 906-228-6561

Date Received: _____