

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

Name: \_\_\_\_\_

Organization Represented: \_\_\_\_\_

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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, 2008, to:  
Joan Rohlf, MWCOG  
777 North Capitol St., NE, Washington, D.C. 20002-4290  
Fax: 202-962-3203