

**Instructional Materials Committee  
Community Representative Application for Membership**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ - \_\_\_\_\_

Phone number: \_\_\_\_\_

Length of residence in this district: \_\_\_\_\_

Please list the community and school activities in which you have been involved during the past three years:

Please give a brief statement of your interest in the selection of instructional materials:

What special expertise/background would you bring to the Instructional Materials Committee?

**Formerly: 2311 F1; 2020.2F1**

**Date: 02.06. 14**