

KC OSS TAC MEMBERSHIP APPLICATION



1. **Applicant Information:** Complete the following information.

Your Name:			Credentials (P.E., OSM, etc):	
Title:				
Company:				
Address:				
City:	State:	Postal Code:		
Phone:	Email:			
Number of years in current profession:				
Representing (if different from Company above):				

2. **Prior Service:** Have you served as a member of an advisory committee for your community or work before?

- Yes
- No

If you answered “yes”, please list which committees you have served on and what your role was.

3. **Interest:** Why are you interested in being a member of the King County OSS Technical Advisory Committee?

4. **Experience:** Please describe your experience that is related to on-site sewage systems and explain how you will represent the needs and concerns of those impacted by OSS policies.

5. Certification and Agreement

Considerable effort, devotion and hard work will be expected of each Committee member. Committee membership carries an obligation to participate actively in all work of the Committee including the contribution and generation of information, prompt reply to draft reports and ballots, attendance and participation at Committee meetings and prompt completion of assigned tasks. The undersigned hereby agrees to notify PHSKC OSS Program of a change in any of the information provided in this application including a change in the organization represented. The undersigned agrees to abide by the rules and policy of the KC OSS TAC. The undersigned attests that the information provided in this application for Committee Membership is true and accurate.

Name:		Date:	
Title:			

Please email completed application to Lynn.Schneider@KingCounty.gov or MeJackson@KingCounty.gov to be considered. For questions, please call Lynn Schneider at (206) 477-2124 or Meagan Jackson at (206) 263-0547.