APPLICATION FOR CHUGACH ELECTRIC ASSOCIATION, INC. MEMBER ADVISORY COUNCIL

Please answer the following questions using as much space as you think necessary. If there is not enough room, attach an extra sheet(s). When submitting this form, please attach a copy of your most recent resume. Thank you for taking the time to fill out this questionnaire.

	t area of the Chugach service territory do you reside in? How long have a member?
	t Chugach committees, if any, have you served on before? Please give s of service.
Why	do you wish to serve on the Member Advisory Council?
feed Ass prog wee	se the Board of Directors on topics requested by the board and to give back in the evaluation of issues which affect the members of the ciation. There is also an expectation you will share Chugach priorities arrams with other Chugach members. Meetings are quarterly and on an anights at the Chugach headquarters. Based on the above, is there anytheresee that could affect your availability?

What personal skills, expe	erience, or abilities can you bring to the Council?
What is your knowledge o	of or contact with Chugach?
, ,	
What experience have	you had with boards or commissions, including
	would aid you in working with the Member Advis
Council?	,
	Name:
	Mailing Address:
	E-mail Address:
	Work Phone:
	Home Phone:
	Fay·