OFFICE OF THE SECRETARY OF STATE
ADVISORY COMMITTEE ON PARTICIPATORY DEMOCRACY
APPLICATION

Complete each section below. Type or print clearly.

Name	Personal Phone	E-Mail	
Street Address		City	Zip
Business Address			Business Phone

If Representing an Organization:
Organization Name: _____

Organization Address: _____

Organization Phone: _____

Organization E-Mail: _____

State your interest and qualifications to serve on the Advisory Committee on Participatory Democracy. Feel free to attach a professional resume or an additional page to fully present yourself.

NRS 225.200-.270 addresses the Advisory Committee on Participatory Democracy including composition of the Committee and duties.

Please submit your application to be received no later than 5:00 p.m. ON FRIDAY, JUNE 28, 2019. If you mail your form, please allow sufficient time for delivery.

X _____ _____

Applicant Signature Date

E-mail to: ganderson@sos.nv.gov
Fax to: 702-486-2452

Mail or Deliver to: Secretary of State, Attn: Gail Anderson
2250 Las Vegas Blvd. North, Suite 400
North Las Vegas, NV 89030

Notice: The information provided herein is subject to the Nevada Public Records Act and may be disseminated accordingly.