



OREGON HERITAGE TREE PROGRAM

COMMITTEE INTEREST FORM

Preferred Mailing Address: Home Business

First and Last Name:

Home Address (including city, state, zip):

County:

Home/Mobile Phone:

Business Phone:

E-mail:

Business Name (if applicable):

Address:

City, State, Zip:

Occupation:

INTEREST IN THE COMMITTEE

Please tell us why you would like to serve on this committee

RELEVANT EDUCATION, EMPLOYMENT, AND EXPERIENCE

Please tell us about any education, employment or volunteer experience that qualifies you for this committee. *A current resume may be substituted for this section. Attach extra pages as needed.*

Signature _____ Date _____

Please return this form to:

*Travel Information Council
1500 Liberty St. SE, Ste. 150
Salem, OR 97302
Phone: 503-378-4508
Email: beth.dehn@tic.oregon.gov*