

Waste Management Advisory Committee Application Form 2021

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

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

Civic (Home) Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Email address: \_\_\_\_\_

1. Describe how your lived experience, community involvement, education, work or other experience may be helpful to this committee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why are you interested in serving on this committee? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What past involvement or contributions have you made on a similar committee or organization that is working in this area? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Diversity is important. We will strive to accommodate all members to ensure they are able to fully participate. The final approval of appointments is given by town council. If you would like more information about the approval process or if you have any questions about any of this please contact Steve Scannell at 902 318-1378.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward your application form no later than 2:00 PM, Thursday, February 11, 2021  
to:

Dianne Wilson, Deputy Clerk      or by email: [dwilson@townofantigonish.ca](mailto:dwilson@townofantigonish.ca)  
274 Main Street  
Antigonish, NS  
B2G 2C4