

**Instructional Materials Selection Committee  
Community Representative Application for Membership**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ - \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_

Length of residence in this district: \_\_\_\_\_

Please list the community and school activities in which you have been involved during the past three years:

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

Please give a brief statement of your interest in the selection of instructional materials:

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

What special expertise/background would you bring to the Instructional Materials Selection Committee?

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

**Formerly: 2311 F1; 2020.2F1**

**Date: 05.20.11**