

**MICHIGAN STATE UNIVERSITY EXTENSION
LEADERSHIP COUNCIL of OAKLAND COUNTY**

Membership Application

Name _____ Date _____

Address _____ email _____

City _____ Zip Code _____ Preferred phone number _____

Occupation _____

List experiences with MSU Extension, please describe. _____

Describe your interests in becoming a member of the Council. _____

Describe your volunteer work, including names of organizations or agencies you served.

Please share any additional experiences you have had that you believe would be an asset to the Council, including leadership experiences and any elected or appointed positions you have held.

OVER

Complete back side...

Other information you would like to share: _____

Please provide two references.

Name	Title
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Address	Phone
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Name	Title
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Address	Phone
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Send application to: MSU Extension
1200 N. Telegraph Road
Building 26 East, 2nd Floor
Pontiac, MI 48341-0416



MSU Extension programs and materials are open to all without regard to race, color, national origin, gender, gender identity, religion, age, height, weight, disability, political beliefs, sexual orientation, marital status, family status or veteran status. The Michigan State University Extension Leadership Council of Oakland County will work to uphold and support this policy.

August 2012