



**Electoral Area D  
Advisory Planning Commission  
Application For Membership**

**Applicant Information**

Name:	Postal Code:
Address 1:	E-mail address:
Address 2:	Cell phone:
Address 3:	Home Phone:

**Why are you applying for this position?**

**Tell us about yourself.**

**Any constraints or your time that you would like to share with us?**

**Anything else you'd like us to know?**

**Declaration and Consent of the Applicant:**

I confirm that I have reviewed the eligibility requirements for the APC and that I am eligible to be considered for membership on the Commission.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applications can be submitted in person to the Strathcona Regional District, 990 Cedar St, Campbell River, BC, V9W 7Z8, or via email: [corporate@srd.ca](mailto:corporate@srd.ca)

**Note:** This information is collected by the Regional District under Section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to process and manage your application. Should you have any questions about the collection of your personal information please contact the SRD FOI Coordinator at 250.830.6704 or by email at [corporate@srd.ca](mailto:corporate@srd.ca)