

State Historic Preservation Commission Member: Resume Form

- i. Local Government:*
- ii. Name of Commission:*
- iii. Name:*
- iv. Mailing Address:*
- v. City, State, Zip:*
- vi. Home Address (if different):*
- vii. City, State, Zip:*
- viii. Telephone (business):*
- ix. Telephone (residential):*
- x. Email Address:*
- xi. Term of Membership:*
- xii. Term Expires (date):*
- xiii. Occupation:*
- xiv. Professional Discipline (if satisfying a membership requirement):*
- xv. Demonstrated interest in Historic Preservation (i.e., conferences attended, organizations, special training, courses taken, volunteer activities, or job experience):*