



Committee Appointment Form

Check One Box Only

Committees List

- | | |
|--|---|
| <input type="checkbox"/> Enrollment Committee | <input type="checkbox"/> Cultural Committee |
| <input type="checkbox"/> Land & Water Resources | <input type="checkbox"/> Housing Committee |
| <input type="checkbox"/> Higher Education Advisory | <input type="checkbox"/> Elders Advisory |
| <input type="checkbox"/> Tribal Election Committee | <input type="checkbox"/> Budget Committee |
| <input type="checkbox"/> TERO Commission | <input type="checkbox"/> |

Print Name _____

Address _____

City, NV Zip _____

Phone # _____

Fallon Tribal Member? Yes No Enrollment number _____

1. Please list any qualifications you may have to serve on this Committee:

2. Have you served on this Committee before? Yes No When? _____

Explain: _____

3. Do you use the services provided by this Committee, Program, or Department?

Yes No Explain: _____

4. Do you owe any debts to the Tribe? Yes No

Tribal Court Health Center Housing Department
Law Enforcement Land & Water Resources Water & Sanitation
Other _____

Explain: _____

Signature _____

Date _____

OFFICE USE ONLY

Notes: _____