Application for Membership on the Barrie/Innisfil Local Advisory Committee



PLEASE PROVIDE A CURRENT VERSION OF YOUR RESUME TO ACCOMPANY THIS APPLICATION.				
Date of Application:	Nomination Deadline: March 10, 2017			
	_	First LAC Mee	eting: April 5, 201	L7
PART 1 – Contact Information				
Salutation: Mr. Ms.	Mrs.	Miss	☐ Dr.	Other
Name:				
Address:				
Postal Code:	City:			
Telephone (day):	Telephone (evening):			
E-mail:				
NAVI			i+2/if	
What business sector, community or group are you I	OOKING TO P	epresent on th	e committee? (if a	эррисавіе):
PART 2 – Committee Qualifications				
1. Please tell us about your interest in serving on the committee including your current and direct connection with the regional planning area. Why are you interested in this particular role? What do you want to contribute as a committee member?				

Barrie/Innisfil

2. How would your previous experience or current role as described above, enhance the work of the
committee that you are applying for?
3. Please share any additional skills, experiences or information about yourself that you feel relates to this role
on the committee, including your direct connection to the community if not previously described above.

PART 3 – Agreement with Terms of Committee Membership				
By checking "I agree", you declare that the information on this application form is true and understand that:				
- You may be asked to provide photo identification, references, or other information to confirm your identity, eligibility and qualifications				
- You are 18 years of age or older				
- Your name and biography may be made available to the public (i.e., your name and biography listed on the IESO and or Local Distribution Company websites); and				
- You have read and agree to the committee role as outlined in the Local Advisory Committee Terms of Reference				
☐ I agree.				
☐ I have included my current resume with this application.				
To help inform our outreach activities, please tell us how you heard about this opportunity:				
Date: Signatu	ure of Applicant:			
Your application can be mailed, emailed, dropped off or faxed to:				
Independent Electricity System Operator (IESO)	Fax: 416-967-1947			
120 Adelaide Street West	Attention: Regional & Community Engagement			
Suite 1600	By email: ontarioregionalplanning@ieso.ca			
Toronto, Ontario				
M5H 1T1				