



## **Solid Waste Management Plan**

## Plan Monitoring Advisory Committee (PMAC) MEMBERSHIP APPLICATION FORM

Please submit completed applications to:

**Solid Waste Department** 

300 - 4545 Lazelle Avenue, Terrace, BC

Phone: (250) 615-6100

Name:

solidwasteservices@rdks.bc.ca

## **APPLICANT INFORMATION**

Address:		Postal Code:		
City/Town:		Province:		
Phone number:		Alt. Phone:		
Email:				
Please indicate which seat(s) you are applying for: *See attached map for Electoral Area Referencing				
	Electoral	Area A: Public Representation		
	Electoral	Area B: Public Representation		
	Electoral	Area C: Public Representation		
	Electoral	Area D: Public Representation		
	Electoral	Area E: Public Representation		
	Electoral	Area F: Public Representation		
	Member r	nunicipality: City of Terrace, District of Kitimat, District of Stewart, Village of Hazelton, District of New Hazelton		
	Economic Development (any location within the RDKS)			
	Solid Was	ste Industry (Recycling Depot, Waste Hauler, Landfill Operator, etc.)		
	First Nation	ons Community, please specify:		
	Other, ple	ease state:		





Why are you interested in participating in PMAC?

Description of skill set (expertise, experience, community in	volvement, etc.):			
Additional information (i.e., waste management issues of in	terest, meeting availability, communication preference, etc.)			
Declaration and Consent of the Applicant I declare that I am a resident living within the boundaries of the Regional District of Kitimat-Stikine and will endeavor to represent my electoral area, community, organization or business sector in overseeing the implementation of the Solid Waste Management Plan.				
Signature of applicant	Date			
Name of applicant (if filling out form by hand)				



