

Membership Application KOOTENAI FOREST STAKEHOLDERS COALITION

Name: _____

Business: _____

Occupation: _____

Mailing Address: _____

City/State/Zip Code: _____

Home Phone: _____

Work/Cell Phone: _____

Email Address: _____

Have you received and reviewed the KFSC's by-laws, mission statement, Memorandum of Understanding, and protocol for support?

____ Yes _____ No

Comments: _____

Do you agree to support KFSC's by-laws, mission statement, Memorandum of Understanding, and protocol for support?

____ Yes

Committees that are you interested in serving on:

Common Ground Committee

Education

Project team you would be interested in participating on:

Rexford District

Fortine District

Libby District

Three Rivers District

Cabinet District

Signature: _____

Date: _____

Accepted by: _____

Date: _____

Please return completed form to:

Email claymtn@hotmail.com

Kootenai Forest Stakeholders Coalition

240 Birch Lane

TROY, MT 59935

406-295-4936