



Asheville-Buncombe

Air Quality Agency

Application for Advisory Committee Membership

Name: _____ Date: _____

Home Address _____

Employer/Business Name: _____

Address _____ Phone: _____

E-mail: _____

List any County or City Board, Committee or Commission on which you currently serve: _____

How did you hear about this committee vacancy? _____

Why are you interested in serving on this Committee?

List any special qualifications you have for service on this Committee

What would you like to achieve if appointed to this Committee?

If necessary, please attach any additional information to answer the above questions.

For the purpose of diversity and balance, please complete the following:

Race _____ Male Female

Buncombe County residency is required for appointment to this committee.

I am a resident from the North South East West City of Asheville
(check one)

I have been a resident of Buncombe County for ____ years.

Return application to:

Asheville-Buncombe Air Quality Agency
P.O. Box 2749
Asheville, NC 28802

Or Email: airquality@buncombecounty.org

Asheville-Buncombe Air Quality Agency does not discriminate on the basis of race, color, religion, sex, age, national origin, handicap or disability in admission or access to or treatment or employment in its services, programs and activities in compliance with applicable federal and state laws. Information given on this application is public record.

(this application will be kept on file for one year)

Phone: 828.250.6777

P.O. Box 2749, Asheville, NC 28802 / 30 Valley Street, Asheville NC 28801

abairquality.org