

## Port Gamble S’Klallam Tribe Board/Committee Letter of Interest Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Enrolled Tribal Member: \_\_\_\_\_

If not enrolled, please give a brief description of your community ties:

\_\_\_\_\_

Phone Number or email: \_\_\_\_\_

Address: \_\_\_\_\_

Committee of Board of Interest: \_\_\_\_\_

If seeking re-appointment, please provide the number of years you have served: \_\_\_\_\_

Do you currently serve on any other PGST Boards or Committees? Please list them:

Briefly describe your interest, what you hope to contribute, what you hope to gain from serving on board or committee of interest. If seeking re-appointment, please describe what you have gained or contributed: