CDFA NURSERY ADVISORY BOARD PROSPECTIVE MEMBER APPOINTMENT QUESTIONNAIRE

Email resume and questionnaire to: Kristina.weber@cdfa.ca.gov

APPLICANT PERSONEL INFORMATION		
Name:	Date:	
Mailing Address:		
Telephone Number:	Email:	
Name of Company (include Nursery I	PROFESSIONAL INFORMATION License #):	
	s industry?	
	de, associations, and/or programs you are/andor have been	associated with:
Please state the reason(s) you would	like to serve on this Board:	
Disease indicate (about and) which n	ADDITIONAL INFORMATION	-tiana
☐ Voting Member	osition you are seeking to fill and answer the associated que	SHOTIS.
	ou have financial interest in:	
☐ Ex-Officio Nonvoting Member		
Do you have financial interest in the d	direct sales or marketing of the nursery industry?	□NO
If yes, please explain:		
Are you a member and/or employee health or the protection of the enviro	of a nonprofit organization who's principal purpose is the pro onment. □YES	otection of consumer □NO
Briefly list your credentials related to	plant eciance, nursery industry or agriculture	

Signature	Date