

ADVISORY COMMITTEE APPLICATION

Name:		Date:
Address:	City:	Zip:
Phone:	Email:	
Tourism Affiliation:		
Position:		
Are you able to serve a fo	our-year term?	_
Qualifications, work histo	ory,	
•	tending all of the meetings (Co work sessions periodically).	mmittee meets 12x
What is your definition o Area?	of tourism? What role does tour	rism play in the Norfolk
What are some ideas you	u would bring to the Advisory C	Committee?
Why are you the best car	ndidate to fill the open positior	n?
Other Comments:		

This position is appointed by the Madison County Commissioners. If you have any questions, please contact Traci Jeffrey at 402-371-2932. Please attach any documentation you see fit to this application. Once complete, email the application to info@visitnorfolkne.com or mail/drop off the application at the Norfolk Area Visitors Bureau, 609 W. Norfolk Ave., Norfolk, NE 68701.