

PROTECTED AREAS ADVISORY COMMITTEE APPLICATION FORM

PERSONAL DETAILS

1. **FULL NAME:**
2. **ADDRESS AND POSTAL CODE:**
3. **TELEPHONE / CELL PHONE NUMBER:**
4. **E MAIL ADDRESS:**

(The following information is used only for the purposes of ensuring equal representivity in our forum)

5. **GENDER:** F ☐ M ☐
6. **AGE GROUP:** <20 ☐ 21- 30 ☐ 31 – 50 ☐ 51 – 60 ☐ 61 – 70 ☐
7. **EXPERIENCE, LEARNING AND SKILLS:**

8. **DO YOU HAVE ANY BUSINESS INTERESTS IN THE RESERVE? IF YES, PLEASE SPECIFY:**

Declaration:

I understand that any offer of volunteering with the Langeberg Municipality is binding in honour only and that I will receive no financial remuneration for being a member of the Langeberg Municipality Protected Areas Advisory Committee.

Signature:.....

Date:.....