

# State Membership Application

#### Form 35 0001

#### Applicant information

Name:		Phone:	
Street address:			
City:		State:	Zip:
Business association name (if applicable):			
Business phone:			
Business association address:			
City:		State:	Zip:
Job title:	Email:		

**Business Advisory Council** 

### **2** Desired skills and qualifications

Members of the Business Advisory Council should have several of the following skills and qualifications:

- Ability to examine issues from a big-picture viewpoint, and effectively communicate views and recommendations regarding issues.
- Experience working in a multilingual/multicultural environment.
- Experience establishing successful strategic partnerships.
- Experience in applying tax law knowledge to resolve complex tax issues.
- Experience developing and implementing customer service initiatives and tools.
- Experience in business management and process improvement.

## Write a brief statement that explains how you used these qualifications in representing your organization or constituency. Attach additional sheet if necessary.



## **3** Affiliations

Write a brief statement describing your current and past affiliations with particular organizations or constituencies. Provide examples of how you have advocated for the groups' positions, issues or concerns, and include which groups you wish to represent on the council.

### 4 Applicant resume

Attach a copy of your resume. Indicate position(s), title(s), dates of employment, and references. Additionally, list professional credentials and professional organization memberships.

### **5** Signature

I agree that I am in good standing with the state and federal government. I declare that to the best of my knowledge and believe this application and its enclosures are true, correct and complete.

Signature:

Date:

#### What to do next:

Please send your completed application by:

#### Email:

DeanC@dor.wa.gov

Or

Mail:

DOR – Dean Carlson PO Box 47454 Olympia, WA 68504-7454