



**Membership Interest Form
HCPSS Policy Development/Revision Committee**

Citizen Information:

Name: _____

Address: _____

Daytime Telephone: _____ Email: _____

Are you a resident of Howard County? Yes _____ No _____

Do you have children attending Howard County Public Schools? Yes _____ No _____

Are you currently employed by the Howard County Public School System? * Yes _____ No _____

Name of the HCPSS Policy Development/Revision Committee on which you wish to serve:

Your expertise in this area: list your relevant background (education/experience) _____

What valuable contribution can you make to this committee? _____

*Employees are not eligible to participate as General Citizens. Current HCPSS employees have other opportunities through which to participate on policy committees.