



North Carolina Cooperative Extension State Advisory Council Nomination Form

Dr. / Mr. / Mrs. / Ms.

Date: _____

First Name: _____

Last Name: _____

Home Address: _____

City: _____ Zip: _____

County: _____

District: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

Fax Number: () _____

Email: _____

Occupation: _____

Are you a member of County Advisory Council? Yes No If yes: Current Previous

Related experience: _____

Short Bio: _____

Comments: _____

Return to:
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