



# Coastal Advisory Council Application

Please complete and return by mail to  
Coastal Resources Division  
Attn: Coastal Advisory Council  
One Conservation Way, Brunswick, GA 31520  
or electronically to tyler.jones@dnr.ga.gov.

Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street

Phone: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Check the seat you are applying for:**

- Local government     Scientific research organization
- Nongovernmental environmental organization
- State government/Regional commissions
- Citizen-at-large

County \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Organization you represent (if applicable):** \_\_\_\_\_

**Statement of interest (Why would you like to join the Coastal Advisory Council?):**

Use additional paper if necessary.

**Contribution potential (What do you think you would bring to the Coastal Advisory Council?):**

Use additional paper if necessary.