Program Advisory Committee Membership Form

Note: *Career and Technical Education Advisory Committee Guide 2003* is available at http//: www.doe.mass.edu/cte/resources/.

School: **School Year:** **Program Name:**

Completed by: **Date of Completion:**

FIRST NAME, M.I., LAST NAME		COMPOSITION (check if applicable)			TYPE OF REPRESENTATION (check one box for each name listed)							
		PERSON WITH DISABILITIES	RACIAL OR LINGUISTIC MINORITY	FEMALE	ORGANIZED LABOR	BUSINESS/INDUSTRY	REGISTERED APPRENTICHIP PROGRAM*	POSTSECONDARY EDUCATION	STUDENT	PARENT/GUARDIAN	COMMUNITY	OTHER
		3	4	5	6	7	8	9	10	11	12	13
	STREET NAME & NUMBER, CITY/TOWN, STATE, ZIP DAYTIME TELEPHONE NO.											
Chairperson												
Registered Apprenticeship Program if applicable												

1												

Signature of Chairperson Date