

GREEN SPACE CONSERVATION PROGRAM

Natural Resources Assistance Council

Member Registry

District # - Slot	Name	Representing
_____ - 1	_____ Term: _____ years: Beginning _____	District Committee Ending _____
_____ - 2	_____ Term: _____ years: Beginning _____	Soil & Water District Ending _____
_____ - 3	_____ Term: _____ years: Beginning _____	Group 1. Ending _____
_____ - 4	_____ Term: _____ years: Beginning _____	Group 2. Ending _____
_____ - 5	_____ Term: _____ years: Beginning _____	Group 3. Ending _____
_____ - 6	_____ Term: _____ years: Beginning _____	Group 4. Ending _____
_____ - 7	_____ Term: _____ years: Beginning _____	Group 5. Ending _____
_____ - 8	_____ Term: _____ years: Beginning _____	Group ____ Ending _____
_____ - 9	_____ Term: _____ years: Beginning _____	Group ____ Ending _____
_____ - 10	_____ Term: _____ years: Beginning _____	Group ____ Ending _____
_____ - 11	_____ Term: _____ years: Beginning _____	Group ____ Ending _____

District/Executive Committee Chair Signature _____ Date _____