**MASCIP Committee Member Application**

|  |  |  |
| --- | --- | --- |
| Name: | Email: | |
| Organisation: | Telephone: | |
| Profession: | Date joined MASCIP: | |
| Proposer: | Seconder: | |
| Reason for applying: | | |
| Experience and current role within SCI: | | |
| Areas of interest within SCI: | | |
| Commitment: I understand that the constitutional requirements of becoming a MASCIP committee member require a three year commitment with majority attendance at quarterly Committee meetings with active participation in same and MASCIP projects. | | |
| Signed: | | Date: |