



SPC APPLICATION

Return to David Oakeley, Government Affairs Director

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Personal Information

Name:

Address:

City, Zip:

Office Phone:

Cell Phone:

Email address:

Your Preferences

List the name of the Legislator(s) to whom you want to be assigned and detail your qualifications. Use as much space as you need.

1. First Choice

Name:

Reason:

2. Second Choice

Name:

Reason:

3. Third Choice

Name:

Reason:



SPC PLEDGE

By my signature below, I hereby certify that I have read each SPC duty carefully and pledge to perform them to the best of my abilities throughout my term. Further, I acknowledge that if I do not meet the standards of performance, I will be removed from the position.

Name of Legislator: _____

SPC: _____

Date: _____

SPC Signature: _____