



NBISD CTE Advisory Committee

Membership Application

School Year: _____ Date: _____

Name: _____ Title: _____

Campus/Company: _____

Address _____ City _____ State _____ Zip Code _____

Office Phone _____ Cell Phone _____ E-Mail _____

Relevant Career Cluster (Select all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Agriculture, Food, & Natural Resources | <input type="checkbox"/> Hospitality & Tourism |
| <input type="checkbox"/> Architecture & Construction | <input type="checkbox"/> Human Services |
| <input type="checkbox"/> Arts, Audio/Video Technology & Communications | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Business Management & Administration | <input type="checkbox"/> Law, Public Safety, Corrections, & Security |
| <input type="checkbox"/> Education & Training | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Government & Public Administration | <input type="checkbox"/> Science, Technology, Engineering, & Mathematics |
| <input type="checkbox"/> Health Science | <input type="checkbox"/> Transportation, Distribution, & Logistics |

Do you have any recommendations to consider for membership to the NBISD CTE Advisory Committee? If so, please share their name, title, and contact information below.

Questions, comments, suggestions, or concerns:

Signature