

## HOAC VOTING MEMBERSHIP APPLICATION

Applicant Name \_\_\_\_\_ PHS Rank or CS Grade \_\_\_\_\_ Category \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency/OPDIV \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ e-mail address \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### Supervisor's concurrence

I concur with the applicant's participation in the Hispanic Officers Advisory Committee Yes  No

Supervisor's Name \_\_\_\_\_ PHS Rank or CS Grade \_\_\_\_\_ Category \_\_\_\_\_  
Job Title \_\_\_\_\_  
Agency/OPDIV \_\_\_\_\_  
Work Address \_\_\_\_\_  
Work Phone \_\_\_\_\_ e-mail address \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_