



Appointment Technical Advisory Committee

Primary Voting Member:

Name: _____
Job Title: _____
Organization: _____
Mailing Address: _____
Phone: _____
Email Address: _____

Alternate Voting Member:

Name: _____
Job Title: _____
Organization: _____
Mailing Address: _____
Phone: _____
Email Address: _____

Appointing Official

Signature : _____

Printed Name: _____

Title: _____

Signature Date: _____

Please return completed form no later than Friday, December 26, 2025

Return To: Lucinda Martinez
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713-993-4516