

# APPLICATION FORM

EMA GSA CAG Member

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

**What is your relationship to the Eastern Management Area (EMA) of the Santa Ynez River Valley Groundwater Basin? (See Attached Map)**

**Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Resident                      | <input type="checkbox"/> NGO Representative               |
| <input type="checkbox"/> Domestic Well Owner/Producer  | <input type="checkbox"/> Agricultural Well Owner/Producer |
| <input type="checkbox"/> Public Agency Representative  | <input type="checkbox"/> California Native American Tribe |
| <input type="checkbox"/> Landowner                     | <input type="checkbox"/> Business Owner                   |
| <input type="checkbox"/> Representative of a landowner | <input type="checkbox"/> Other: _____                     |

**Why are you interested in serving on the CAG? (Please use an additional page if more space is needed.)**

**What type or category of groundwater uses or users in the Eastern Management Area do you propose to represent?**

**What unique experience or expertise would you contribute if selected to the CAG? Please explain any technical knowledge you have regarding water resource issues in the EMA. (Please use an additional page if more space is needed.)**

**Are you committed to fully participating in the CAG process for at least one year? Do you have particular time or timing limitations that may impact your ability to serve as a member of the CAG?**

**Please provide the names and information of three personal or professional references.**

1. **Name:** \_\_\_\_\_  
**Affiliation/Relationship:** \_\_\_\_\_  
**Daytime Phone Number:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

2. **Name:** \_\_\_\_\_  
**Affiliation/Relationship:** \_\_\_\_\_  
**Daytime Phone Number:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

3. **Name:** \_\_\_\_\_  
**Affiliation/Relationship:** \_\_\_\_\_  
**Daytime Phone Number:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

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*Submit completed application forms to Daniel Heimel, EMA GSA Executive Director, by either of the following:*

**Email:** [ema@SantaYnezWater.org](mailto:ema@SantaYnezWater.org)

**US Postal Service:** Daniel Heimel  
P.O. Box 68  
Santa Ynez, CA 93460