BOARD APPLICATION

NAME OF BOARD:_____

NAME_____ **DATE**_____

STREET ADDRESS _____

MAILING ADDRESS _____

TELEPHONE _____**OCCUPATION**_____

EMAIL ADDRESS _____

***In making an appointment, each applicant's knowledge, background, interest, experience and availability of time to perform the work and duties of the commission shall be taken into consideration*.**

List your experience and why you want to serve on this commission.

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Signature