



For Office Use Only Date Rec'd _____ By _____
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Application for Appointment Commissions and Committees

Commission or Committee applying for: _____

Name: _____

Street Address: _____

City: _____, State: _____ Zip code: _____

Mailing Address (if different than above): _____

Telephone Number: H(____) _____ C(____) _____ W(____) _____

E-mail address: _____

Emily Resident (circle one)? YES or NO If yes, how long? _____

Are you presently serving on a City Commission or Committee (circle one)? YES or NO

If yes, please explain _____

Have you served on a City Commission or Committee in the past (circle one)? YES or NO

If yes, please specify which Commission or Committee and the term positions held: _____

What do you have to offer to the City of Emily Commission or Committee? _____

What experience and/or education background do you have that would enhance your effectiveness as a Commission or Committee member? _____

Applicant's Signature: _____ Date: _____

Please return to City hall drop box or clerk@emily.net.