

Date Received _____

APPOINTMENT APPLICATION FOR EDENVILLE TOWNSHIP
BOARDS AND COMMISSIONS

Please print or type

NAME _____ HOME PHONE: _____

ADDRESS _____ WORK PHONE: _____

E-MAIL _____ FAX NUMBER _____

OCCUPATION _____

PLACE OF EMPLOYMENT _____

COMMUNITY INVOLVEMENT _____

NAMES OF BOARD OR COMMISSION DESIRING

1st CHOICE _____

2nd CHOICE _____

WHY DO YOU WANT TO SERVE? _____

(Additional information may be attached if desired)

SIGNED _____ DATE _____

THIS FORM WILL BE KEPT ON FILE WITH THE TOWNSHIP BOARD FOR A PERIOD OF TWO (2)
YEARS.

Form Number: P-1-2004

Revision _____

Board Approved: 12-07-2004

Date _____