Date Received	

APPOINTMENT APPLICATION FOR EDENVILLE TOWNSHIP BOARDS AND COMMISSIONS

Please print or type.		
NAMEADDRESS	HOME PHONE	
	WORK PHONE	
	FAX NUMBER	
E-MAIL		
OCCUPATION		
PLACE OF EMPLOYMENT		
COMMUNITY INVOLVEMENT		
NAMES OF BOARD OR COMMISSION	DESIRED	
1 ST CHOICE		
2 ND CHOICE		
WHY DO YOU WANT TO SERVE:		
SIGNED	DATE	
THIS FORM WILL BE KEPT ON FILE WITH TH	HE TOWNSHIP BOARD FOR A PERIOD OF TWO (2) YEARS	
Form Number: <u>P-1-2004</u>	Revision	
Board Approved: <u>12-07-2004</u>	Date	