

CITY OF CHILDERSBURG

APPLICATION FOR BOARD APPOINTMENT

NAME: _____ **DATE:** _____

ADDRESS _____

HOME PHONE: _____ **WORK:** _____

CELL: _____ **FAX:** _____

E-MAIL: _____ **PAGER:** _____

RESIDENT OF CITY OF CHILDERSBURG: YES () No () **WARD** _____

BOARD APPLYING FOR: _____

QUALIFICATIONS AND REASONS FOR APPLICATION:

