

CITY OF CHEBOYGAN, MICHIGAN
BOARD AND COMMISSION APPLICATION

1. On which Board or Commission would you like to serve? List in order of preference.

A. _____

B. _____

2. Name: _____
(First) (Middle) (Last)

3. Home Address: _____
(Street Address) (City) (Zip Code)

4. City Resident: Yes _____ No _____ 5. Home Phone No: _____

6. Employment: _____
(Name of Employer)

(Street Address) (City) (State) (Zip Code)

7. Occupation: _____ 8. Business Telephone No: _____

8a. E-Mail Address: _____ 8b. Cell Phone: _____

9. Please indicate any information (experience, education, community activities, organizations, etc.) which you think should be considered for your appointment to a Board or Commission. Use additional paper and include a resume if you wish.

10. Are there any reasons you may have a conflict of interest if you were appointed to a Board or Commission listed above? Yes _____ No _____. If yes, please explain.

11. Will you be able to attend regular evening meetings? Yes _____ No _____

12. References (Non-Family)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

13. _____
(Signature of Applicant) (Date)