



**CANDIDATES REQUEST FOR APPOINTMENT  
ADVISORY BOARDS AND COMMITTEES  
TOWN OF SURF CITY**

Board/Committee: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

TEL: \_\_\_\_\_

Business Address: \_\_\_\_\_

TEL: \_\_\_\_\_

Do you live within the Corporate limits of Surf City?  yes  no

How long have you been a resident in Surf City? \_\_\_\_\_ years

**Education and Employment Information**

High School: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Year Graduation: \_\_\_\_\_

Major: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Current membership in organizations and offices held:

\_\_\_\_\_  
\_\_\_\_\_

Past organizational membership and offices held:

\_\_\_\_\_  
\_\_\_\_\_

Do you anticipate a conflict of interest by serving as a member of a Board or Committee? \_\_\_\_\_

If yes, explain:

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Do you possess subject matter education, training, and/or experience for the Board or Committee for which you are applying? If yes, explain below

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If no, state reasons why you feel qualified for this appointment.

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NOTE:

This information will be used by the Town Council in making appointments to Boards and Committees. In the event you are appointed, some information may be used as a news release to identify you to the community.

Mail completed form: Town of Surf City Attn: Town Clerk P.O. Box 2475 Surf City, NC 28445	Email completed form: clerk@surfcitync.gov  Fax completed form to 910-328-4132
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NAME

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DATE