



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

Board/Committee: _____

Applicant Name: _____

Home Address: _____

TEL: _____

Business Address: _____

TEL: _____

Email Address: _____

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:

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

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

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

DATE