

TOWN OF HAMILTON
APPLICATION FOR BOARD/COMMITTEE MEMBERSHIP

Board/Committee of Interest:

1. _____ 2. _____
3. _____ 4. _____

Would you consider another Committee: yes no

For how long should we keep your application on file? _____

Full Name: _____

Nickname: _____ Title (please circle) Mr./Ms./Mrs./Other: _____

Home Address: _____

Length of Residence in Hamilton: _____

Occupation: _____

Phone: Home _____ Cell _____ Work _____

E-mail: Home _____ Work _____

If you currently serve on a Board or Committee, please identify:

Special Training, Interests, Qualifications: _____

Have you been asked by a Committee to become a member?

How did you hear about the Committee?

Please attach a current resume, if possible. Add any comments below or on a separate page.

Signature: _____ Date: _____

Received by
Signature: _____ Date: _____