

**ADVISORY BOARDS AND COMMITTEES
APPLICATION FORM**

TOWN OF CHADBOURN
602 NORTH BROWN STREET
CHADBOURN, NORTH CAROLINA 28431
Phone: 910-654-4148
Fax: 910-654-4147

Name: _____ Date: _____

Mailing Address: _____ Street Address: _____

Home Phone: _____ Work Phone: _____
Email Address: _____

I Am Interested In Serving On:

- | | |
|--|--|
| <input type="checkbox"/> Planning and Zoning Board | <input type="checkbox"/> Parks & Recreation Advisory Board |
| <input type="checkbox"/> Downtown Appearance Committee | <input type="checkbox"/> ABC Board |
| <input type="checkbox"/> Other: _____ | |

PERSONAL INFORMATION

Spouse Name: _____

School Age Children: _____

High School Attended: _____

Colleges: _____

Degrees: _____

Employer: _____

Job Title: _____

NOTE: APPLICATION SHOULD REMAIN ON FILE FOR 2 YEARS AFTER DATE OF APPLICATION.

PRIOR PUBLIC SERVICE

Board/Commission/Civic	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*RELEVANT EXPERIENCE/EXPERTISE
(Not required)*

*COMMENT
(Statement of why you want to serve on this board or commission)*

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