Print Form

CANDIDATE REQUEST FOR APPOINTMENT TO BOARDS AND COMMITTEES **OF THE TOWN OF SURF CITY**

Name of Board or Committee you are seeking appointment to:

Name: _____

Home Address: _____ Tel: _____

Business Address: _____ Tel: _____

Marital Status: _____ Name of Spouse: _____

Do you live within the Corporate limits of Surf City? ◯ Yes ◯ No

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

High School: _____

Date of Graduation: _____

Type of Course (s): _____

College/University: _____

Date of Graduation: _____

Type of Course(s): _____

Presently employed by: _____

Job Title: _____

Duties Performed: _____

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 of Committee?

_____

If yes, explain _____

_____

State reason why you feel qualified for this appointment(s).

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

_____
Name

_____
Date

return form to: Town of Surf City, Town Clerk, PO Box 2475, Surf City, NC 28445
or
fax to 910-328-1746 or 910-328-4132