



**COUNCIL ADVISORY
COMMITTEE/BOARD APPLICATION FORM**
Advisory Planning Commission

CANDIDATE'S INFORMATION

NAME OF APPLICANT: _____
PLEASE PRINT

ADDRESS: _____
Street Address City Province Postal Code

PHONE: _____ **EMAIL:** _____
Home Business

If appointed, do you agree to your contact information being included in a committee membership list which is provided to the general public upon request?

Address: · Yes · No

E-mail: · Yes · No

Home Phone: · Yes · No

Cell Phone: · Yes · No

HISTORY OF COMMUNITY INVOLVEMENT

SKILLS AND EXPERIENCE TO SUPPORT APPLICATION

REASON FOR SEEKING APPOINTMENT

I, _____, hereby signify that I am willing to accept an appointment to the Advisory Body named herein, should I be appointed to such by the Council of the Town of Port McNeill.

Applicant's Signature