



APPLICATION FOR CITY OF MONROE COMMITTEES

IF PORTIONS OF THIS APPLICATION ARE LEFT BLANK – IT WILL NOT BE CONSIDERED
(APPLICATIONS ARE KEPT ON FILE FOR TWO YEARS)

Committee: _____

Applicant's Name: _____ Home Phone # _____

Street Address: _____
_____ City _____ State _____ Zip Code _____

Mailing Address: _____
(If different than above) _____ City _____ State _____ Zip Code _____

Employer: _____ Phone # _____

Position: _____

Resident of: City or County

Are you a United States Citizen? Yes No

Residence Location: Central North South East West

Please list education, experience and activities which relate to your interest in serving on the above Committee. State briefly why you are interested in serving on this Committee (use additional sheets if necessary).

Return to: Bridgette Robinson, City Clerk
City of Monroe
P.O. Box 69
Monroe, NC 28111-0069
Email: brobinson@monroenc.org
Phone: 704/282-4502
Fax: 704/283-9098

Signature: _____
Date: _____
Email: _____
Fax: _____