



COMMITTEE APPLICATION

1. APPLICANT MUST ATTEND AT LEAST ONE COMMITTEE MEETING OF INTEREST WITHIN ONE YEAR PRIOR TO SUBMITTING APPLICATION BEFORE APPLICATION WILL BE CONSIDERED.
2. COMMITTEE MEETING/DATE ATTENDED: _____
3. APPLICATION WILL BE KEPT ON FILE FOR TWO YEARS.

Committee:

Name:

Address:

Mailing Address:

(If different from above)

Contact Info:

Email Address

Phone #

Employment Info:

Employer

Position

Residency Info: City County

Are you a United States Citizen? Yes No

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
E: brobinson@monroenc.org
P: 704/282-4502/F: 704/290-1818

Signature:

Date:
