

BOARDS AND COMMISSIONS APPLICATION FOR APPOINTMENT

Date	
Board or Commission Applying For:	
Last Name:	First Name:
Address:	Center Line, MI 48015
Years/months of residency: Ph	one:Email:
Education - High School:	College(s):
Diplomas/Degrees Earned:	
Certifications Earned:	
Current or Last Employer	
Name of Company:	Title/Position:
Company Address:	Phone Number:
Community Activities or Experiences: _	
Please explain why you wish to serve:	
other requirements and obligations of my a automatically forfeit said appointed position	ar or affirm that, (1) if appointed, I will comply with all statutory and ppointment; (2) if I cease to comply with such requirements, I a; (3) I hold no position or appointment which is a conflict of interest 4) to the best of my knowledge and belief, I possess the requisite king
Signature:	Date:

Revised: 9/24/2020

Please attach a copy of your ID to this application