

APPLICATION

City of Clare
Board/Committee

NAME _____ PHONE# _____

ADDRESS _____ CITY _____ MI _____ ZIP _____

CITY RESIDENT: YES NO IF YES, HOW LONG? _____

WHICH BOARD/COMMITTEE?

- BOARD OF REVIEW LOCAL DEVELOPMENT FINANCE AUTHORITY
- PARKS & RECREATION PLANNING COMMISSION
- TRAFFIC & SAFETY ZONING BOARD OF APPEALS
- TREE BOARD

HAVE YOU PREVIOUSLY SERVED ON A BOARD OR COMMITTEE? YES NO

IF YES, WHICH ONE? _____

WILLING TO ATTEND TRAINING SEMINARS, IF NECESSARY? YES NO

AVAILABILITY FOR MEETINGS: (PLEASE CIRCLE) MON TUES WED THURS FRI
 EARLY MORNING DAYTIME EVENING

ADDITIONAL INFORMATION YOU FEEL MAY BE USEFUL:

