



**CANDIDATES REQUEST FOR APPOINTMENT
ADVISORY BOARDS AND COMMITTEES
TOWN OF SURF CITY**

Are you a Town of Surf City resident, at least 18 years of age, willing to volunteer your time and expertise to your community? Please complete this application and return to:

Mail Completed
Form: Town of Surf
City Attn: Town Clerk
PO Box 2475
Surf City, NC 28445

Email completed form:
shobbs@surfcitync.gov

Fax completed form:
910-328-4132

Board/Committee: _____

Applicant Name: _____

Home Address: _____

TEL: _____

Business Address: _____

TEL: _____

Do you live within the Corporate limits of Surf City? Yes No

How long have you been a resident in Surf City? _____ Years

Education and Employment Information

High School: _____

Year Graduated: _____

Institution Name: _____

Year Graduation: _____

Major: _____

Current Employer: _____

Title/Position: _____

Duties: _____

General Information

Current membership in organizations and offices held:

Past organizational membership and offices held:

Do you anticipate a conflict of interest by serving as a member of a Board or Committee? _____

If yes, explain:

Do you possess subject matter education, training, and/or experience for the Board or Committee for which you are applying? If yes, explain below

If no, state reasons why you feel qualified for this appointment.

NOTE:

This information will be used by the Town Council in making appointments to Boards and Committees. In the event you are appointed, some information may be used as a news release to identify you to the community.

NAME

DATE