

CITY OF LECLAIRE COMMITTEE/BOARD MEMBERSHIP APPLICATION

(PLEASE TYPE OR PRINT ALL RESPONSES IN BLACK INK ONLY)

NAME: _____ MAILING ADDRESS: _____

PHONE #: _____ SEX: MALE _____ FEMALE _____ (CHECK ONE)

DO YOU LIVE WITHIN THE CITY LIMITS? _____ E-MAIL ADDRESS: _____

WHAT AGE GROUPING DO YOU REPRESENT? (CHECK ONE) 18-30 ___ 31-50 ___ 51+ ___

PRESENT OCCUPATION: _____ DO YOU PAY LECLAIRE CITY TAXES? _____

HAVE YOU EVER BEEN ARRESTED FOR AND/OR CONVICTED OF A FELONY CHARGE? _____ YES _____ NO

LAST YEAR OF FORMAL EDUCATION ATTAINED: (CIRCLE) 8 9 10 11 12 13 14 15 16 OTHER

IF YOU ARE A COLLEGE GRADUATE, WHAT IS YOUR DEGREE DESIGNATION: _____

PLEASE LIST OTHER AREAS OF EXPERIENCE, SKILLS, OR QUALIFICATIONS THAT YOU FEEL WE SHOULD KNOW ABOUT THAT WILL ASSIST US IN OUR SELECTION PROCESS:

HAVE YOU EVER SERVED ON A LECLAIRE CITY COMMITTEE OR BOARD IN THE PAST? _____ YES _____ NO

(If "YES" please specify which one(s) and when) _____

PLEASE CHECK WHICHEVER CITY COMMITTEE(S) OR BOARD(S) THAT YOU MAY BE INTERESTED IN SERVING ON:

PLANNING & ZONING COMMISSION _____ PARK & REC COMMISSION _____ BOARD OF ADJUSTMENT _____

LIBRARY BOARD _____ TOURISM _____ CITY COUNCIL _____ NO PREFERENCE _____ IT _____

(APPLICANT'S SIGNATURE)

(DATE)

(FOR CITY USE ONLY)

DATE RECEIVED: _____ DISTRIBUTED: _____ INITIALS: _____
MAYOR & CITY COUNCIL COMMITTEE/BOARD CHAIR