

## APPLICATION FOR SERVICE ON BOARDS OR COMMISSIONS

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State Zip Code

CONTACT: \_\_\_\_\_  
Home Phone Cell Phone E-mail

NAME OF SPOUSE: \_\_\_\_\_ YEARS OF RESIDENCE IN MASON: \_\_\_\_\_

PLACE OF BUSINESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

EDUCATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CLUBS OR ORGANIZATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREVIOUS COMMUNITY SERVICE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AREAS OF COMMUNITY INTEREST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY ARE YOU INTERESTED IN AN APPOINTMENT TO A COMMITTEE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR WHICH BOARD OR COMMISSION ARE YOU APPLYING: \_\_\_\_\_

*Please return completed application to City Manager's Office.*