



CITY OF ADAIRSVILLE
BOARDS, COMMISSIONS, AUTHORITES, AND ADVISORY COMMITTEES MEMBERSHIP
GENERAL APPLICATION FOR APPOINTMENT

Name: _____ Date: _____

Address: _____ Home Phone: _____

City/Zip: _____ Work Phone: _____

E-mail address: _____

Are you a resident of the City? Yes No How long? _____

Are you a resident of the County? Yes No How long? _____

Are you a business owner in the City? Yes No How long? _____

Are you a business owner in the County? Yes No How long? _____

Board/Commission/Authority/Committee applied for: _____

New appointment: _____ Reappointment: _____

Please list any current membership(s) you have on any City of Adairsville Board, Commission, Authority, or Committee: _____

How long have you served on the above listed entity? _____

Name/address of employer: _____

Occupation: _____

Educational Background: _____

Please state why you would like to serve on this Board? _____

DATE APPLICATION RECEIVED _____

APPLICANT MEETS/DOES NOT MEET BOARD REQUIREMENTS: _____