

CITY OF WEBSTER
BOARDS - COMMISSIONS - COMMITTEES
NOMINATION FORM

Regular Member ____
Alternate Member ____
Ad Hoc Member ____

ADVISORY BOARD REQUESTED:

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: RES. _____ BUS. _____

OCCUPATION/PROFESSION: _____

PLACE OF EMPLOYMENT: _____

IF A MEMBER OF ANY PROFESSIONAL OR SOCIAL ORGANIZATION, PLEASE LIST:

EXPERIENCE OR KNOWLEDGE PERTAINING TO SAID BOARD:

This service requires one to two meetings per month and sometimes more. The participation in these activities is of great importance.

The following conditions must be met in order to serve:

Nominee must be a registered voter and reside within the city limits of Webster.

Nominee may not be an elected official.

Please check one of the following:

____ Form was completed by telephone interview.

____ Form was completed after a personal interview.

____ Form was filled out by nominee.

Please check here if you wish to be **reappointed** to the board on which you currently serve.

Nominees Signature: _____

Date: _____

SIGNATURE OF CITY COUNCILMEMBER MAKING RECOMMENDATION:
