

APPLICATION FOR APPOINTMENT

Date: _____

Board, Commission or
Committee Requested: _____

Name: _____

Indian River County Yes No
Registered Voter () ()

Address: _____

Yes No
City Resident () ()
How long? _____ Years/Months

Telephone: _____

Home Work

Name(s) of relatives presently employed by the City of Fellsmere or serving on an Advisory Committee:

Brief statement as to why you wish to serve: _____

Education: High School Graduate? Yes _____ No _____

College/University Address Major Degree

Present Occupation _____

Prior Occupation: _____

Spouse's Occupation: _____

Business experience you feel may be applicable :

Organization Address Title/Duties

References:

Name Address Telephone

Licenses held: (F.C.C., etc.) _____