APPLICATION FOR APPOINTMENT

Date: _____

Board, Commission or
Committee Requested:_____

Name: _____

Address:_____

_____

Indian River County Registered Voter — Yes ( ) No ( )

City Resident — Yes ( ) No ( )

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.)_____