APPLICATION FOR APPOINTMENT

Date: _____

Board, Commission or
Committee Requested:_____

Name: _____

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

Address:_____

_____

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 pertinent to appointment:

_____