THE CORPORATION OF
THE TOWNSHIP OF EAR FALLS

APPLICATION FOR BOARD OR COMMITTEE APPOINTMENT

First Name: _____ Last Name: _____

Mailing Address: _____

Telephone No.: _____ Email Address: _____

To: Council of the Township of Ear Falls

I am a qualified Elector of the Township of Ear Falls and eligible to be appointed to a Board or Committee of the Township. I have reviewed the posting for the Board / Committee that I'm applying for and understand that I will have to comply with the relevant requirements for it (i.e. Code of Conduct, Meeting Attendance requirements, Criminal Reference Check if applicable).

I am interested in serving on the following Board(s) / Committee(s):

- _____

Details of my interest and experience that would make me a good Member include:

_____

_____

_____

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_____

_____ _____

Date Signature

Personal information gathered on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, as amended, and in accordance with the Municipal Freedom of Information Act and will be used by Council of the Township of Ear Falls to determine eligibility for Appointments to the Board or Committee for which Application is made.