

APPLICATION FOR BYRON TOWNSHIP APPOINTED BOARDS,
COMMISSIONS AND COMMITTEES

NAME _____

ADDRESS _____

PHONE: WORK _____ HOME _____ CELL _____

EMAIL ADDRESS _____

APPLYING FOR _____ BOARD OR COMMISSION

REGISTERED VOTER? YES OR NO

CURRENT PLACE OF BUSINESS _____

POSITION _____

WORK EXPERIENCE _____

VOLUNTEER EXPERIENCE AND INVOLVEMENT _____

EDUCATIONAL BACKGROUND _____

STATE BRIEFLY YOUR QUALIFICATIONS FOR THIS APPOINTMENT _____

DO YOU KNOW OF ANY CONFLICT OF INTEREST OR REASON YOU SHOULD NOT
RECEIVE THIS APPOINTMENT? _____

DATE _____ SIGNED _____

RETURN TO:

BYRON TOWNSHIP OFFICES
ATTN. PEGGY SATTLER – CLERK
8085 BYRON CENTER AVE. SW
BYRON CENTER, MI 49315