

APPLICATION FOR BYRON TOWNSHIP APPOINTED BOARDS,  
COMMISSIONS AND COMMITTEES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE – WORK \_\_\_\_\_ HOME \_\_\_\_\_ CELL \_\_\_\_\_

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  
RECEIVED THIS APPOINTMENT? \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

RETURN TO:

BYRON TOWNSHIP OFFICES  
ATTN. JOEL HONDORP – CLERK  
8085 BYRON CENTER AVE. SW  
BYRON CENTER, MI 49315