

ADVISORY BOARD/COMMITTEE APPLICATION

Please indicate your preference of the advisory boards/committee you would like to serve on by number (first choice being "1") and choose no more than three.

Dunn Alcoholic Beverage Control	Dunn Planning Board
Dunn Representative Harnett Co. Library Board	Dunn Housing Authority
Dunn Parks & Recreation Advisory Board	Community Appearance Committee

Members of the City of Dunn Boards, Commissions and Committees shall serve without compensation unless otherwise approved by the City Council.

Applicant Name					
Date of Application:	/	/			
Home Address:					
			Street Address		e
Mailing Address:					
-			Street Address	City, Zip Code	e
Primary Phone:			Business	s/Other Phone	e:
Email Address:					
Date of Birth:	/	_/		Male:	Female:
Occupation:					
Educational Backgrou	ınd:				
Have you recently atte	ended a me	eeting of the	board you are	interested in	serving on: Yes: \Box No: \Box
Do you reside within	the City Li	mits of Dun	n: Yes: 🗆	No:	
Length of residence in	1 Dunn/Du	nn Area:			

Thank you for your willingness to serve our City!



Please provide a brief statement outlining why you wish to serve on a City of Dunn Board, Commission or Committee and how you will be an asset as a member.

Have you ever served on any City of Dunn Board/Committee? Yes: \Box No: \Box If so, which one?

Please list any current or previous service to the community and/or civic clubs:

I would like to be considered for appointment to serve on a City of Dunn Board, Commission or Committee. I realize that completion of this application in no way guarantees that I will be appointed by the Dunn City Council. If appointed, I will make attending Advisory Board Meetings a priority.

Applicants Signature Required

Date

Please return form to: Dunn City Clerk PO Box 1065, Dunn, NC 28335 Phone:910-230-3501 or Fax: 910-230-3590 Email: twilliams@dunn-nc.org