APPLICATION FOR APPOINTMENT TO BOARDS OR COMMISSIONS

Name:			
Address:			
Telephone:	Home:	Al:	ternate:
			ion:
Board/Comn	nission or Area of	Interest:	
	se/Professional Ce	rtifications	
	is/1 foressional Ce	Tuncations.	
Community	Involvement:		
_		•	he right of appointment to boards and n a particular board or commission.
commission to	_	t is made and that the failure to de	f the meetings held by the board or o so, without specific medical necessity will
Date:	Apr	plicant Signature:	