TOWN OF SHAPLEIGH

APPLICATION FOR COMMITTEE MEMBERSHIP

****

DATE: _____

NAME:_____

PHONE NUMBER: _____**EMAIL:**_____

ADDRESS:_____

COMMITTEE(S) INTERESTED IN: _____

_____

REASON FOR WANTING TO SERVE: _____

_____

_____

_____

_____

COMMITTEE/BOARD(S) PRESENTLY SERVING ON: _____

_____

_____

_____