

Town of Mead
Application for Committee/Commission Membership

Name _____
(Please Print)

Address _____

City/State/Zip Code _____

Home Telephone Number (_____) _____

Business Telephone Number (_____) _____

E-mail address _____

Length of Residency in Mead _____

Committee or Commission Being Applied For _____

Are you a registered voter in the Town of Mead? _____

What is your occupation? _____

What background or interest do you bring to this position and what would you like to work on?

Signature _____

Date _____

Qualifications: All Committee members must be U. S. Citizens, bona fide residents and qualified electors who have resided in the Town of Mead for at least twelve (12) consecutive months immediately preceding the date of appointment.