Application for Board / Commission / Committee

Name: _____

Address: _____

Date of Birth:_____ Occupation: _____

Home Phone:_____ Work Phone: _____

Cell Phone: _____

Employment Background: _____

_____

_____

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_____

Board/Commission/Committee you are interested in serving on: _____

_____

Reasons you feel you are qualified to serve on the above Board/Commission/Committee (related background, interests, special skills or education, etc.): _____

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Please return this completed form to:

Mayor Patricia M. York
Room 400
200 North Second Street
St. Charles, MO 63301

Or fax to: (636) 949-3275