



The Corporation of the Town of Deep River

Application for Appointment to Advisory Boards and Committees

Name: _____

Home Address: _____

Mailing Address: _____

Email: _____

Telephone Number: _____

Occupation: _____

I am a qualified elector in the Town of Deep River - Please indicate: Yes or No

1. Name of Board or Committee you are interested in applying for (you may specify more than one):

2. Have you previously served on a Board, Commission, Committee or other Organization? Please specify:

3. Please identify reasons for being interested in the above Board or Committee and/or any background experience:

4. Would you be available to attend meetings when called?

(a) During Business Hours – Please indicate Yes or No

(b) In the Evening Hours – Please indicate Yes or No

Signature of Applicant

Date