

## APPLICATION FOR BOARDS AND COMMITTEES

Name			Date
City	State	Zip	
Phone (Home):	(Work):	(Cell/Other): _	
E-Mail Address:			
Are you a resident of West Y	Yellowstone? Le	ngth of residency in West Yel	lowstone:
Board or Committee you are	applying for:		
Employer:			
Have you previously served	on a County or City board?		
If so, which board, and for h	ow long?		
Past Memberships and Asso	ciations:		
Current Memberships and A	ssociations:		
· ·	ons and/or related experience?	Attach any additional inform	ation or a resumé, if you
What are your primary object	tives for serving on this board	?	
References (Individual or Or	ganization):	Phone:	
		Phone:	
		Phone:	
Cianatura		Data	

Please return this application to the Town Offices at 440 Yellowstone Avenue, PO Box 1570, West Yellowstone, MT, 59758, or by email to: info@townofwestyellowstone.com. Thank you in advance for your interest.