

TOWN OF GUILFORD
Application to serve on a Board or Commission

Name: _____

Address: _____

Telephone (H): _____ **(B):** _____

E-mail: _____ **Fax:** _____

How long have you been a Guilford resident? _____

Are you a registered voter in Guilford? _____

Position applying for: _____

Political Party: _____

Education: _____

Occupation: _____

Employer: _____

Municipal/Civic Experience: _____

Reason for applying for Board or Commission: _____

Signature: _____ **Date:** _____