

The Town of Spring Lake



Chartered in 1951

300 Ruth Street, P.O. Box 617
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Spring Lake, NC 28390-0617
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Telephone: (910) 436 - 0241

APPLICATION FOR RECREATION ADVISORY COMMITTEE

All information provided on this application is public information and may be shared with others upon request.

Mr. Mrs. Ms. _____

Home Address: _____

City: _____ State: _____ Zip: _____

e-Mail: _____

Do you live inside the city limits of Spring Lake? yes no

Home Phone: _____ Other Phone: _____

Are you currently serving on a Board/Committee of the Town of Spring Lake? yes no

If so, what is the name(s) of the Board(s)/Committee(s)? _____

Please describe your education, training and background (both work and/or life/real world) that relates to your interest in serving in this capacity:

Employment

Please list the name and address of your current employer, the title of your current position and a brief description of your job duties.

Name of Employer: _____

Address : _____

Description of job duties: _____

List/describe any anticipated conflicts of interest or scheduling challenges you may encounter if appointed: _____

Civic Involvement: Please list the names of all civic organizations in which you currently hold membership. _____

Signature of Applicant

Date

Board of Alderman Approved Appointment yes no

Date Term of Appointment

Signature of Town of Clerk
