

The Town of Spring Lake



Chartered in 1951

300 Ruth Street, P.O. Box 617
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Spring Lake, NC 28390-0617
Website: www.spring-lake.org

Telephone: (910) 436 - 0241

APPLICATION FOR RECREATION ADVISORY COMMITTEE

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

Mr. Mrs. Ms. _____

Home Address: _____

City: _____ State: _____ Zip: _____

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

Business Phone: _____ Home Phone: _____

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

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

Why do you wish to serve the Town in this capacity? (If additional space is needed, please attach a separate sheet) _____

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: _____

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
