

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

The Town of Spring Lake APPLICATION FOR MILITARY AND VETERANS ADVISORY COMMITTEE

Last Name	First	N 4: -1 -11 -	Date	
Last Name	First	Middle	Date	
Street Address			County	
Street Address			County	
City, State, Zip Code			Ļ	
Oity, Otate, Zip Code				
e-Mail				
Home phone				
F. 10.110				
Cell phone			,	
•				
Attending School				
3 11 11				
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Do you live incide the city lim	site of Spring Lake?	Yes □ No		
Do you live inside the city lim	ills of Spring Lake?	res 🗆 No		
Are you currently serving on	a Board/Committee of the	Town of Spring Lake?	☐ Yes	□ No
7 to you carrently conving on	a Boara, Committee or the	o rown or opining Lake.	□ 100	_ 110
If so, What is the name(s) of the Boa	ard(s)/Committee(s):			
Please describe your education, train	ning and military background (b	oth work and/or real world) tha	t relates	
to your interest in serving in this cap	pacity)			

Are You currently employed? ☐ Yes ☐ No	
Employer	
Employer's Address	
Job Title	
Description of Job duties List/describe any anticipated conflicts of interest or scheduling challenges you may enco	
Signature of Applicant	
Board of Aldermen Appointment	
Term of Appointment:	
Signature of Town Clerk:	