

**CITY OF FERRYSBURG
P.O. BOX 38
FERRYSBURG, MI 49409-0038**

APPLICATION FOR APPOINTMENT

Board/Commission Appointment you are seeking: _____

Name: _____

Street Address: _____

City/State/Zip: _____

E-mail address: _____

Telephone (Day): _____

Telephone (Evening): _____

Best Time to Call: _____

Are you a Registered Voter in the City: _____

How Many Years Have You Been A City Resident: _____

Occupation: _____

Background/Experience/Interests: _____

State why you are applying to be appointed, indicate any special qualifications and experience you have which would be beneficial to the appointment you are seeking. Also indicate any special concerns or issues which you perceive to be important regarding the appointment you are seeking (attach additional sheets if necessary):

Your Signature: _____

Date:

(Return to: Ferrysburg City Clerk, 17290 Roosevelt Road, P.O. Box 38, Ferrysburg, MI 49409)