

*Town of Madison
120 N. Market Street
Madison, NC 27025*

APPLICATION FOR TOWN COMMITTEE

NAME: _____ PHONE (H): _____

ADDRESS: _____ (O): _____

_____ DATE: _____

Please circle the committee(s)/board(s) for which you would like to be considered for appointment:

- | | |
|----------------------------|---|
| ABC Board | Madison-Mayodan Recreation Commission |
| Firemen's Relief Fund | Historic District & Properties Commission |
| Housing Authority | Planning Board |
| Human Relations Commission | Board of Adjustment |

If you are currently a member or a past member of any of the above listed boards, please indicate your years of service. _____

Briefly describe why you are qualified and/or feel that you would make a good member for each of the committees/boards you circled.

I understand that this is only an application and does not guarantee my appointment to any of the committees listed above.

Signature of Applicant

Date