TOWN OF GIBSONVILLE Board and Commission Application

The Gibsonville Board of Aldermen has adopted this application for use by individuals interested in appointment to the Town's advisory boards and commissions. To ensure your application will receive full consideration, please answer all questions completely. Return this application either in person, by mail or by fax to:

Town of Gibsonville, 129 W Main Street, Gibsonville, NC 27249. FAX 336-449-4196.

Please Print or Type		
PERSONAL INFORMATION		
Name	Date	
Address Cit	ty/State	Zip
Do you live inside the Town limits of Gibsonville? Yes	No	
Telephone: Home Work	Cell	
PLACE OF EMPLOYMENT	Address	
Description of job duties		
EDUCATIONAL BACKGROUND (Please list including names of all	·	
BOARD PREFERENCE Are you currently serving on a board or commission of the Town		
If so, what Board or Commission?		
Please list the name(s) of the board(s) to which you are applying	or seeking reappointm	nent to:
Why do you wish to service the Town in this capacity? If addition separate sheet.	al space is needed, ple	ease attach a
Signature		