THE CORPORATION OF
THE TOWNSHIP OF EAR FALLS

APPLICATION FOR APPOINTMENT TO A MUNICIPAL BOARD OR COMMITTEE

First Name: _____ Last Name: _____

Mailing Address: _____

Telephone No.: _____ Email Address: _____

To: Council of the Township of Ear Falls

I am interested in serving on the following Board(s) / Committee(s):

- Community and Economic Development Committee

Details of my interest and experience that would make me a good Member include:

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_____ _____
Date Signature

Personal information gathered on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, as amended, and in accordance with the Municipal Freedom of Information Act and will be used by Council of the Township of Ear Falls to determine eligibility for Appointments to the Board or Committee for which Application is made. Application will be kept on file for the term of Council and will be considered in any future appointments.