MUNICIPALITY OF
Meaford

THE CORPORATION OF THE MUNICIPALITY OF MEAFORD

APPLICATION FOR BOARDS AND COMMITTEES

NAME: (Please Print)_____

ADDRESS: _____

_____ POSTAL CODE:_____ TELEPHONE: _____

BOARD OR COMMITTEE BEING APPLIED FOR: **(Please indicate Order of Preference)**

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_____

WHAT **QUALIFICATIONS** OR **EXPERIENCE** WOULD YOU BRING TO THE BOARD(S) OR COMMITTEE(S) BEING APPLIED FOR ABOVE: (Please feel free to attach additional information or a Resume')

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ACCESSIBILITY ADVISORY COMMITTEE REQUIREMENT:

Are you a person with a disability Yes _____ No _____

HAVE YOU PREVIOUSLY SERVED ON A MUNICIPAL BOARD OR COMMITTEE? IF YES, INDICATE NAME OF BOARD OR COMMITTEE AND YEARS OF SERVICE.

COMMITTEE NAME **YEARS OF SERVICE**

_____

_____

_____

_____

(Please complete reverse side)

PLEASE DESCRIBE YOUR **REASONS** FOR WISHING TO SERVE ON THE BOARD(S) OR COMMITTEE(S)

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ARE YOU A QUALIFIED ELECTOR IN THE MUNICIPALITY OF MEAFORD? (This qualification applies only to certain Boards and Committees)

Yes _____ No _____

The information on this application is gathered in accordance with the Municipal Act, S.O. 2001 c. 25. This application is to be considered confidential and used only by the Clerk for administrative purposes and will be distributed to Municipal Council for selection of members to serve on various Municipal Boards, Committees and Commissions. All information of a personal or private nature is protected by the Municipal Freedom of Information and Protection of Individual Privacy Act, Chapter F.31, R.S.O., 1990. Any or all of the information contained on this form may be subject to disclosure under the Act if circumstances warrant.

_____ _____

Date Signature of Applicant

MAIL APPLICATION TO:

Pamela Fettes, Clerk
Municipality of Meaford
21 Trowbridge Street West
Meaford ON N4K 1A1

Fax: (519)538-1556
Email: pfettes@meaford.ca

ADDITIONAL INFORMATION:

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