

The Town of Bradford
PO Box 339
Bradford, Vermont 05033
(802) 222-4727

MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

DAY PHONE: _____ EVENING PHONE: _____

E-MAIL: _____

POSITION APPLIED FOR: _____

- 1) If you are re-applying for the same board / commission, how many terms / years have you already served?

Terms: _____ Years: _____

- 2) Would you be available for evening and/or morning meetings?
Evenings: (yes / no) Mornings: (yes / no)

Are there other restrictions on your availability? If so, please describe:

- 3) Please list any experiences, skills and/or qualifications which you feel would especially suit you for this appointment.

- 4) Please include service on other municipal or school district boards, commissions, or committees both in Bradford and elsewhere and indicate whether or not any of those appointments are current ones:

- 5) Pertinent education and current Employment:

- 6) Do you feel there could be any conflict of interest with your personal beliefs, occupation or employer in serving on this board, commission or committee? (yes / no). If yes, please explain:

Signature: _____ Date: _____