

Town of Wiscasset
Board/Committee Membership Form

Full Name: _____

Mailing Address/Street Address: _____

Home Telephone: _____ Work Telephone: _____ E-mail: _____

Occupation: _____

I wish to be considered for appointment to the:

Name of Board/Committee

Full member: _____

Alternate member: _____

Do you currently serve or have you ever served on any Town Board or Committee? _____

If yes, please state which Board or Committee with term expiration. _____

List civic organizations to which you belong now: _____

Prior experience, knowledge, or abilities that you have which would contribute to the activities of the Board or Committee: _____

Date: _____

Signature: _____

Additional comments can be made on the reverse side of this form.

Please return to the Selectmen's Office, 51 Bath Road, Wiscasset, ME 04578-4108

For Office Use:

Date received: _____

Date appointed: _____

Term of appointment: _____