

Town of Wiscasset
Board/Committee Membership Application

Full Name _____

Street Address: _____

Mailing Address: _____ Home Phone: _____

Town of Legal Residence: _____

Work Phone: _____ Cell Phone: _____ E-mail _____

I wish to be considered for the appointment to the: **Wiscasset Public Advisory**

Downtown Committee _____ Term Of Appointment _____

Full member: _____ Reappointment: _____ Alternate member: _____

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

If yes, please state which Board or Committee/term exp. _____

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: _____

Signature: _____ Date: _____

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, by fax 882-8228 or e-mail at clerk@wiscasset.org

For Office Use:

Date received: _____ Date Appointed: _____ Term: _____