**Public Safety Advisory Council Membership Application**

**Full Name**  Click here to enter text.

**Street Address** Click here to enter text.

**Mailing Address** Click here to enter text.

**Phone Number** Click here to enter text.

**Town of Legal Residence** Click here to enter text.

**Email** Click here to enter text.

**Full Member** **[ ]  Reappointment** **[ ]  Alternate Member** **[ ]**

**Do you currently serve or have you served on any Town Board?** Yes [ ]  No [ ]

**If yes please state which board or Committee / Term exp**. Click here to enter text.

**List Civic organizations to which you belong now**: Click here to enter text.

**Prior experience, knowledge, or abilities that you have which would contribute to the activities of this Council** Click here to enter text.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Comments can be made on the space below**

Click here to enter text.

Please return to the Selectmen’s Office, 51 Bath Rd, Wiscasset, ME 04578 or email at clerk@wiscasset.org

**For Office Use Only**

Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Appointed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Term\_\_\_\_\_\_\_\_\_\_\_\_\_\_