Augusta GEORGIA

Clerk of Commission

Commission, Authorities, & Boards Talent Bank Application

Title	Ms.			
First Name *	Leadra			
Middle Name *	M			
Last Name *	Collins			
Suffix				
Date Of Birth*	9/7/1976			
Address*	Street Address 1417 Wedgewood Dr Address Line 2 City AUGUSTA Postal / Zip Code 30909-2413	State / Province / Region GA Country United States		
Home Phone *	7062943742			
Work Phone	7068234399			
Registered Voter*	District 1District 3District 5District 7None	District 2District 4District 6District 8		
Marital Status *	Single			
Education*	College Degree			
Race*	Black			
Gender*	Female			
Occupation *	Public Information Officer			
Interests	Serving my community in any way possible; Youth; Literacy outreach			
Commissions, Authorities, & Boards				

Augusta Richmond County Library Board

Click add below to apply for more than one board.

Volunteer For *

*	I currently have relatives working	I currently have relatives working for the City of Augusta		
	○ Yes	No		
*	I currently serve on an Augusta	I currently serve on an Augusta Board, Commission, or Authority		
	○ Yes	No		
	I would like to receive an email of	I would like to receive an email confirmation of my submission.		
	Yes	○ No		
Email	collins.leadra@gmail.com	collins.leadra@gmail.com		
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