APPLICATION FOR APPOINTMENT TO CITY COMMITTEES

Committee Name:		
Your First Name:	Your Last Name:	
Physical Resident Address:		
Mailing Address:		
Email Address:		
Best Contact Number:		
Are you a qualified Alaska voter domiciled in Gusta	ivus?	
Do you anticipate being physically present in Gusta	avus regularyly enough to attend most meetings i	n person for the term of this committee?
Are you currently an employee or council member of If yes, please indicate how you are affiliated w		
Why are you interested in this committee?		
What type of expertise or experience can you control	ibute to this committee?	
Signature:	Date:	

Note: Resumes are not required but are welcomed.