

CITY OF WALKER
4243 Remembrance Rd.
Walker, MI 49534



BOARD AND COMMISSION APPLICATION

On which Board or Commission would you like to serve? List in order of preference.

1. _____

2. _____

Name: _____ Phone: _____

Home Address: _____
(Street Address) (City) (Zip)

Ward # _____ E-mail Address: _____

Employment: _____ Business Phone: _____
(Name of Employer)

Occupation: _____ E-mail Address: _____

Please indicate any information (experience, education, community activities, organizations, etc), which you think, should be considered for your appointment to a Board or Commission. Use additional paper and include a resume if you wish.

DATE _____ SIGNED _____

Submit to: Sarah Bydalek
Walker City Clerk
sbydalek@ci.walker.mi.us
FAX # 791 6881

(Use back side for comments)