



City of Circle Pines Application For Advisory Boards/Commissions

General Information

Full Name (Print or Type): _____

Address: _____ E-mail Address: _____

Number of Years at this Address: _____ Number of Years Lived in Circle Pines _____

Telephone: (Home) _____ (Work or Other): _____

Application Information

Board or Commission Appling for: _____

Second Choice (if any): _____

Please state your reasons for wanting to serve on this Board or Commission: _____

Qualification Information

Education: _____

Employment, Occupation or other Experience: _____

Memberships, Accomplishments or other Qualifications: _____

Signature

Date