

**BOARD APPLICATION FORM
CITY OF COLUMBUS, MONTANA**

Name: _____ Home Phone: _____

Address: _____ Work/Cell Phone: _____

City: _____ State: _____ Zip: _____

Email address: _____

Business or Occupation: _____

Board or committee applied for: _____

- Please describe your experience or background which you believe qualifies you for Service on this Board or Committee (attach additional sheets if needed):

- Why do you wish to serve on this Board or Committee?

- Additional information which you feel is pertinent:

Signature _____ Date _____

Return application to: **City of Columbus, PO Box 549, Columbus, MT 59019**

Office Use Only:

Appointed: Yes _____ No _____ Date _____

TERM EXPIRATION DATE _____

(CIRCLE ONE BELOW):

Original Appointment

Re Appointment

Term No.