

SAVE TO YOUR COMPUTER PRIOR TO FILLING OUT

**CITY OF KALISPELL
APPLICATION FOR ADVISORY BOARDS,
COMMITTEES & COMMISSIONS**



BOARD, COMMITTEE, COMMISSION APPLYING FOR:

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:

CONTACT PHONE #:

E-MAIL:

PLEASE PROVIDE THE FOLLOWING INFORMATION
(attach a separate sheet if necessary)

Current Occupation:

Current Employer:

Organization(s) of which you are currently a board member:

Why are you interested in serving this board, committee, or commission:

Detail any education, knowledge, or experience you have which would be beneficial to this board, committee or commission:

DATE: _____ SIGNATURE: _____

**** Please return your completed application to the Kalispell City Clerk, P.O. Box 1997, Kalispell, MT 59903. Applications may also be sent by email to cityclerk@kalispell.com, or submitted in person at 201 1st Avenue East.**