



CITY OF ELLIJAY

Georgia's Apple Capital

BOARDS, COMMISSIONS, AUTHORITIES, AND ADVISORY COMMITTEES MEMBERSHIP GENERAL APPLICATION FOR APPOINTMENT

Name: _____ Date: _____
Address: _____ Home Phone: _____
City/Zip: _____ Work Phone: _____
E-mail address: _____
Are you a resident of the City? ☐ Yes ☐ No How long? _____
Are you a resident of the County? ☐ Yes ☐ No How long? _____
Are you a business owner in the City? ☐ Yes ☐ No How long? _____
Are you a business owner in the County? ☐ Yes ☐ No How long? _____

Board/Commission/Authority/Committee applied for: _____
New appointment: _____ Reappointment: _____

Please list any current membership(s) you have on any City of Ellijay Board, Commission,
Authority, or Committee: _____
How long have you served on the above listed entity? _____

Name/address of employer: _____

Occupation: _____
Educational Background: _____

Please state why you would like to serve on this Board? _____

DATE APPLICATION RECEIVED _____
APPLICANT MEETS/DOES NOT MEET BOARD REQUIREMENTS: _____