

# ADVISORY BODY APPLICATION

Advisory body you wish to be considered for: \_\_\_\_\_

(\*note: A separate form must be completed for each vacancy you wish to be considered for)

CANDIDATE INFORMATION			
Name of Applicant:			
Civic (Street) Address:			
Mailing Address:	City:	Province:	Postal Code:
Home Phone:	Business:	Fax:	
Email Address:			
Reason for Seeking Appointment:			
History of Community Involvement:			
Related skills and experience:			
<i>I signify that I am willing to accept an appointment to the Board, Commission or Committee named herein, should I be appointed to such by the Council for the Town of Ladysmith.</i>			
Signature of Applicant: _____		Date: _____	

The personal information on this form is collected under the authority of the Community Charter and will be used for the purpose of the running of the municipality. If you have any questions about the use and collection of this information, contact the Corporate Officer - 250.245.6417.

250.245.6400 / [info@ladysmith.ca](mailto:info@ladysmith.ca) / [www.ladysmith.ca](http://www.ladysmith.ca)

410 Esplanade MAIL PO Box 220, Ladysmith, BC V9G 1A2

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