

CITY OF MOSINEE BOARDS & COMMISSIONS MEMBERSHIP APPLICATION

Name:	
Address:	
Home Phone:	Work Phone:
E-mail Address:	
Current or Former Occupation:	
How Many Years Have You Resided in the City of Mosi	nee?
I am interested in serving on the following City of Mosin	nee Board or Commission:
What is your understanding of the role and responsibilit needed)?	ty of this Commission (attach additional sheets if

Please briefly describe any experience and/or background that you may have which may be beneficial to this Board or Commission (attach additional sheets if needed):

Please briefly describe why you would like to serve on this Board or Commission (attach additional sheets if needed):

Additional information that you feel is pertinent (attach additional sheets if needed):

If not appointed to the Board or Commission indicated above, would you be willing to serve on another City Board or Commission? ______ If so, please indicate which Board or Commission:

Signature: _____ Date: _____

Return application to: Mayor's Office City of Mosinee 225 Main Street Mosinee, WI 54455

OFFICE USE ONLY			
DATE APPLICATION RECEIV	VED:		
APPOINTED:	YES	NO	DATE:
TERM EXPIRATION DATE:			
(Circle One)			
Original Appointment	Reappointment	Complete Vacant Te	rm