

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 t	the City of Mosinee?
C	ng City of Mosinee Board or Commission:
	and responsibility of this Commission (attach additional sheets if
Please briefly describe any experience an this Board or Commission (attach addition	nd/or background that you may have which may be beneficial to onal sheets if needed):

Please briefly describe why you would like to serve on this Board or Commission (attach additional sheets if needed):					
Additional information	ı that you feel is pertine	ent (attach additio	nal sheets if needed):		
City Board or Commis	ssion?	If so, please in	would you be willing to serve ndicate which Board or Com	mission:	
Signature:		Date:			
Return application to:	Mayor's Office City of Mosinee 225 Main Street Mosinee, WI 54455				
	0:	FFICE USE ONLY			
DATE APPLICATION RE	CCEIVED:				
APPOINTED:	YES	NO	DATE:		
TERM EXPIRATION DATE	ГЕ:				
(Ci	rcle One)				
Original Appointment	Reappointment	Complete Vaca	ant Term		