DAVISON TOWNSHIP

COMMITTEE MEMBER APPLICATION

Name:		
Address:		
How long have you lived at this a	address:	
Telephone: Home	Cell	Business
Email Address:		-
Occupation:		
Committee Applying For:		
Will you sit on another committee	ee if we have an opening? Yes	No
If so, what committees:		
Why do you want to serve and w which you have indicated an inte		ffer to the committee/authority/board for
Please give a brief summary of your service club involvements. (Option		kground as well as any previous civic or
Please complete and return this	form to:	
Davison Supervisor, Davison Tow	nship, 1280 N. Irish Road, Dav	vison, MI 48423
This information will be provided committees, boards, authorities.	-	se in making appointments to the various not guarantee an appointment.
Signature:	Dat	te:
Thank you for your interest in se	rving Davison Township.	