



TOWN OF TRURO

P.O. Box 2030, Truro MA 02666

Tel: (508) 349-7004 Fax: (508) 349-5505

APPLICATION TO SERVE ON AN APPOINTED MULTI-MEMBER BODY

NAME: _____ HOME TELEPHONE: _____

ADDRESS: _____ WORK PHONE : _____

MAILING ADDRESS: _____ E-MAIL: _____

FAX: _____ MULTI-MEMBER BODY ON WHICH I WISH TO SERVE: _____

SPECIAL QUALIFICATIONS OR INTEREST: _____

COMMENTS: _____

SIGNATURE: _____ DATE: _____

COMMENT/RECOMENDATION OF CHAIRPERSON OF MULTI-MEMBER BODY (OPTIONAL) _____

SIGNATURE: _____ DATE: _____

INTERVIEW DATE: _____ APPOINTMENT DATE (IF
APPLICABLE): _____