APPLICATION FOR ADVISORY BOARD MEMBERSHIP

NAME:

_____

ADDRESS:

_____

PHONE:

_____

PLACE OF EMPLOYMENT:

_____

HOW LONG HAVE YOU BEEN A RESIDENT OF EMPORIA?_____

ADVISORY BOARD(S) YOU ARE INTERESTED IN:

1) _____
2) _____
3) _____
4) _____

BRIEFLY DESCRIBE WHY YOU WOULD LIKE TO PARTICIPATE ON THE ADVISORY BOARD(S) MENTIONED ABOVE:

_____

_____

_____

_____

_____

_____

_____

OTHER ACTIVITIES AND INTERESTS:

_____

_____

SIGNATURE: _____

DATE: _____

Please mail to the City Manager's Office, PO Box 928, Emporia, KS 66801-0928