

# Midway City Committee Member Application

Please circle the committee you would like to join

Board of Adjustments    Historic Preservation    Planning Commission    Parks and Trails Advisory    Visual Architectural

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

List of Qualifications:

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Tell us why you would like to become a member:

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List any additional experiences, education, or training you have had that would help you in this position:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_