

# Midway City Committee Member Application

*Please circle the committee you would like to join:*

Board of Adjustments    Historic Preservation    Planning Commission  
Trails Advisory        Visual Architectural

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

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

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

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

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

List all qualifications:

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Tell us why you would like to become a member:

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

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