

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: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

List of Qualifications:

Tell us why you would like to become a member:

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

Signature: _____ Date: _____