TOWN OF GUILFORD Application to serve on a Board or Commission

Name:			
Address:			
Telephone (H):	(B):		
E-mail:	Fax:		
How long have you been a G	uilford resident?	_	
Are you a registered voter in	Guilford?	_	
Position applying for:			
Political Party:			
Education:			
Occupation:			
Employer:			
Municipal/Civic Experience:			
Reason for applying for Boar	d or Commission:		
Signature:		Date:	