

**BOARD APPLICATION FORM
MINERAL COUNTY, MONTANA**

Name: _____ Home Phone: _____

Mailing Address: _____ Work/Cell Phone: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Business or Occupation: _____

Board or Committee applied for: _____

➤ Please describe your experience or background which you believe qualifies you for service on this Board or Committee (attach sheets if needed):

➤ Why do you wish to serve on this Board or Committee?

➤ Additional information you feel is pertinent:

Signature: _____ Date: _____

Return application to: Mineral County Board of Commissioners
P.O. Box 550
Superior, MT 59872

OFFICE USE ONLY:		
APPOINTED:	YES _____	NO _____
	DATE _____	
TERM EXPIRATION DATE: _____		
(CIRCLE ONE BELOW)		
ORIGINAL APPOINTMENT	RE-APPOINTMENT	TERM NO. _____