

BOARD APPLICATION FORM MINERAL COUNTY, MONTANA

Board or Committee being applied for: _____

Name: _____

Email Address: _____ Phone Number _____

Mailing Address: _____ City _____ State _____ Zip _____

Physical Address: _____ City _____ State _____ Zip _____

Do you currently reside in the district of the board/committee you are applying for (if applicable)? YES NO

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:

Board Applicant Signature: _____ Date: _____

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

Commissioner Use Only		
<input type="checkbox"/> Original Appointment	Board Member they are replacing (if appointed)	Date Term Expires (if appointed)
<input type="checkbox"/> Re-Appointed		
<input type="checkbox"/> Not Appointed		

Commissioner Signature

Date