



TOWN OF DRAYTON VALLEY
APPLICATION FOR BOARD/COMMITTEE MEMBERSHIP

Name: _____ Phone: _____

Mailing Address: _____

Street Address: _____ or ___ Brazeau County (check)

Occupation: _____ (if applicable)

Board/Committee Membership Applied for: _____

Related Experience/Qualifications: _____

Reasons for Applying for the Membership: _____

Other Pertinent Information: _____

Will you be able to attend all regular meetings and tend to matters which may require allocation of personal time?

___ Yes

___ No

Please provide a letter of reference or names and contact information of 2 references.

Signature: _____ Date: _____

FOIPP: The personal information requested on this form is being collected for the purpose of assessing suitability for appointment to a Board formed by the Town of Drayton Valley. It is collected under the authority of Section 32 C) of the Freedom of Information and Protection of Privacy Act and is used exclusively and expressly for the purpose mentioned above. If you have any questions or disclosure of the use of information, please contact the FOIPP Co-ordinator at (780) 514-2200.