



CITY OF COLUMBUS, MISSISSIPPI

APPLICATION FOR BOARD, COMMITTEE, OR OTHER APPOINTMENTS

Date: _____

Name: _____

Street: _____

Telephone(s): _____

Are you a registered voter and a resident of the City of Columbus, MS? **yes** **no**

Board position you are applying for. _____

Please tell us why you would like to be on this board. _____

Educational Background: _____

Job Experience: _____

Other Experience: _____

For City Use Only:

Date Submitted: _____

Date Announced: _____