



Application for Boards, Committees, Commissions

Date: _____

Name: _____

Address: _____

Email: _____ Phone Number(s): _____

Are you a registered voter AND resident of the City of Columbus, MS? _____

Board Position you are applying for: _____

Why would you like to serve on this board:

Educational Background:

Professional Experience:

Other Experience:

FOR CITY USE ONLY:

Date Submitted: _____