

**Application for Board,
Commission &
Committee
Appointment**



Please Return Completed Application
to:

Town of Mooresville
ATTN:
413 N. Main Street
P. O. Box 878
Mooresville, NC 28115

Fax: 704

Full Name:			
Address (residence):			
Inside Town Limits:		Outside Town Limits:	
Home Phone:			
Business Address:			
Business Phone:			
E-mail Address:			

Education:	
Employer:	
Title:	
Duties:	

Civic Experience/Community Service:	
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Interests/Skills/Areas of Expertise/Activities:	
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Why do you want to participate in the Mayoral Council for Individuals with Disabilities and how do you see yourself contributing to this vision?

Signature	Date
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The Mayoral Council for Individuals with Disabilities sincerely appreciates your interest in serving your community. The Mayoral Council for Individuals with Disabilities urges the public to nominate qualified individuals for appointment.