

**BOARD APPLICATION FORM
STEVENSVILLE, MONTANA**

***Disclosure: any information on this application is available for public view**

Name: _____ Home Phone: _____

Address: _____ Work/Cell Phone: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Business or Occupation: _____

Board or Committee applying for: _____

- ✓ Please describe your experience or background which you believe qualifies you for service on this Board or Committee (attached additional sheets if needed):

- ✓ Why do you wish to serve on this Board or Committee?

- ✓ Additional information which you feel is pertinent:

Signature: _____

Date: _____

Return Application to: Town of Stevensville, P.O. Box 30, Stevensville, MT 59870