



## Application for Appointment Port of Brookings Harbor Budget Committee

Applicant's Name: \_\_\_\_\_

Street & Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Best Contact Phone Number: \_\_\_\_\_ Cell  Home

Preferred Method of Contact: Email \_\_\_\_\_ Phone \_\_\_\_\_ Both \_\_\_\_\_

Are you a Registered Voter in the Port District? Yes \_\_\_\_\_ No \_\_\_\_\_

Please state your area of expertise and why you wish to serve on the Budget

Committee: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please note, this position is for a term of three (3) years and may require the attendance of day-time as well as evening meetings. Will cause any inconveniences or conflicts to your schedule? Yes \_\_\_\_\_ No \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_