



**THE CORPORATION OF THE TOWNSHIP OF CENTRE WELLINGTON
APPLICATION FOR MEMBERSHIP ON AN ADVISORY COMMITTEE OR
A FENCEVIEWER, LIVESTOCK INVESTIGATOR POSITION
Submit only one application per person; include resume if applicable**

PLEASE PRINT

Advisory Committee(s) or Position(s) Interested in:
 1st Choice: _____
 2nd Choice: _____

ARE YOU AVAILABLE FOR DAYTIME MEETINGS? _____ Yes _____ No
 Preference: Daytime Meeting _____ Evening Meeting _____

Personal Information: (Mr./Mrs./Ms.)
NAME:

 (Last) (First) (Middle Initial)
HOME ADDRESS:

 (Number) (Street) (Apt. #) (Town) (Postal Code)
 Phone # () _____ Fax # () _____ Email: _____

Reasons for Seeking Appointment/List Qualifications Ideal to Committee/Position

List Township Advisory Committee(s) or Position(s) you have served on or currently hold
 1. _____ # years _____
 2. _____ # years _____

Additional Information that may be Helpful in Consideration of Your Application *(including previous community involvement – attach relevant information or resume if needed)*

Signature: _____ Date: _____

PLEASE RETURN APPLICATION TO:
 (in confidence)

Township of Centre Wellington
 Lisa Miller, Deputy Clerk
 1 MacDonald Square, Elora, ON N0B 1S0
 T: 519-846-9691 x 242, F: 519-846-2074
 Email: lmiller@centrewellington.ca