

City of Algona

Application for Membership

(City Board, Commission or Council)



Check box for position in which you are applying:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Council Position | <input type="checkbox"/> Board of Adjustment | |
| <input type="checkbox"/> Civil Service Commission | <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Other |

Council Position eligibility: Must be a registered voter at time of declaration and a resident of not less than one year.

PLEASE PRINT ALL INFORMATION:

Name	Date	
Address		
City	Zip	
Home Phone #	Work Phone #	

City Resident? Yes No How Long? _____
 Registered Voter Yes No

Name of Employer	
Employer Address	

Educational Background	

Professional Experience	

Organizational Affiliations	

Why are you seeking appointment?	

Signature