

**TOWN OF STOKESDALE
COMMITTEE APPLICATION**

NAME: _____ PHONE: _____

Email: _____ FAX: _____

ADDRESS: _____

TOWN: _____

ZIP: _____

HOW LONG HAVE YOU LIVED IN STOKESDALE? _____

ARE YOU OVER 18 YEARS OF AGE? Yes No

OCCUPATION: _____

EMPLOYER/ADDRESS: _____

BUSINESS PHONE: _____

EDUCATION: High School _____ Graduate? Yes No

College: _____ Graduate? Yes No Year _____

Major: _____

COMMITTEE APPLIED FOR: _____

I HAVE READ AND UNDERSTAND THE PURPOSE AND MISSION STATEMENT OF THE
COMMITTEE I AM APPLYING FOR: Yes No

OTHER EXPERIENCE RELATIVE TO COMMITTEE APPLIED FOR: _____

REASONS WHY YOU WOULD LIKE TO SERVE ON THE COMMITTEE: _____

Signature: _____ Date: _____

PLEASE COMPLETE AND MAIL TO: Town of Stokesdale, PO Box 465, Stokesdale, NC 27357

HAND DELIVER TO: Stokesdale Town Hall, 8325 Angel Pardue Road, Stokesdale, NC 27357

FAX TO: 336-643-4016

EMAIL TO: stokesdale@stokesdale.com

CALL WITH QUESTIONS: 336-643-4011

Committee Application: Revised 05-12-2016