



APPLICATION FOR APPOINTMENT TO: _____*
(board, commission or committee name)

**Use a separate application for each board appointment desired.*

Name: _____ Employer: _____

Address: _____ Voter's Registration # _____

Home Phone: _____ Work Phone: _____ Email: _____

Current and/or previous board, commission, or committee experience in the City of Southlake: _____

Reason(s) for desiring to serve on this board, commission, or committee, and your opinion as to the purpose, goals, and duties of same: _____

Qualifications and experience that would assist you in serving in this position: _____

Do you understand and agree that your regular attendance and active support are required as an appointee and that noncompliance could result in removal from the board? _____

If not appointed to the specific board or commission requested, would you be receptive to serve on a different board? _____

Southlake Business Council Only: I would like to represent the following business constituency:

<input type="checkbox"/> Bank / Financial	<input type="checkbox"/> Manuf. / Distrib.	<input type="checkbox"/> Restaurant / Local	<input type="checkbox"/> Technology / Hi-Tech
<input type="checkbox"/> Commercial Developer	<input type="checkbox"/> Marketing / P.R.	<input type="checkbox"/> Restaurant / Franchise	<input type="checkbox"/> Prof. Service (e.g.
<input type="checkbox"/> Corporate / National	<input type="checkbox"/> Medical	<input type="checkbox"/> Retail / Local	Insurance, accounting,
<input type="checkbox"/> Hospitality / Hotel	<input type="checkbox"/> Realtor / Resid. Dev.	<input type="checkbox"/> Retail / Franchise	law)
			<input type="checkbox"/> General Businesses

Additional information or comments: _____

Please return this completed form to the City Secretary's Office, Town Hall, 1400 Main Street, Suite 270, Southlake, Texas 76092, fax to (817) 748-8270, or email address: arichardson@ci.southlake.tx.us. Applications are kept on file for one (1) year. After that time it will be necessary to reapply and update the information herein if you wish to continue to be considered for appointment.

Signature: _____ Date: _____