APPLICATION FOR CITY OF LAKE WORTH BOARD MEMBERSHIP

PLEASE COMPLETE FORM AND RETURN TO THE CITY CLERK'S OFFICE

Name:						
Address:						
Telephone:	(Work)	(Ho	ome)			
Occupation:						
Employed by:						
Are you or your spouse/significant other exempt per FS Chapter 119.071?				1?	No Yes	3
Own/manage a business/businesses in the City of Lake Worth:				No	Yes (specify which)	:
Own/manage a business/businesses in the CRA District:				No	Yes (specify which):	
Reside in the 0	City of Lake Worth?	No	Yes	How long?	years	months
List property o	wned in the City of Lake Wort	h:				
Education:						
Professional/c	ivic organization memberships	s:				
Specify board((s) applied for:					
If re-appointment, how long have you served on this board?				years	months	
How many me	etings have you attended in the	ne last 12 month	s?			
Have you seen the CRA Plan or know how to obtain it?				Yes		
What are your	specific goals if appointed to	the board?				
What specific	qualifications do you have for	service on this b	ooard?			
Do you have a	a day or time conflict?	No	Yes:			
Signature:				Date applied	(mm/dd/yyyy):	