

## **TOWN OF DRAYTON VALLEY**

## **Application for Board/Committee Membership**

NAME:	PHONE:
MAILING ADDRESS:	
STREET ADDRESS:	
E-MAIL ADDRESS:	
OCCUPATION:	
<u> </u>	
SOME BOARDS/COMMITTEES HAVE SPECIF DEMOGRAPHICS, PLEASE ANSWER THE FO  AGE:  Under 21 21-35	
MUNICIPALITY OF RESIDENCE:  Town of Drayton Valley  BOARD/COMMITTEE MEMBERSHIP APPLIED	County Other(Please State):
Aquatic Facility Committee  Early Childhood Development Centre (Childcare Operational) Board Family and Community Support Services (FCSS) Advisory Board  Subdivision and Development Appeal Board  I hereby give permission to have my name state Drayton Valley Boards or Committees, should Committee.	

The personal information requested on this form is being collected for the purpose of assessing suitability for appointment to a Board or Committee constituted or formed by the Town of Drayton Valley. It is collected under the authority of Section 33 of the *Freedom of Information and Protection of Privacy Act*, RSA 2000, Chapter F-25, and is used exclusively and expressly for the purpose mentioned above. If you have any questions on disclosure or the use of information, please contact the FOIPP Coordinator at (780) 514-2200.



RELATED EXPERIENCE AND QUALIFICATIONS:	
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BRIEFLY STATE YOUR REASONS FOR APPLYING FOR MEMBERSHIP:	
OTHER REPUBLIC INCORMATION	_
OTHER PERTINENT INFORMATION:	
Will you be able to attend all regular meetings and attend to matters which may require allocation of personal time?	
YES NO	
I IES INO	_
PLEASE PROVIDE TWO (2) LETTERS OF REFERENCE ATTACHED WITH THIS APPLICATION.	
SIGNATURE: DATE:	
Please return the completed form marked	_
ATTENTION: Administration Department	
In Person 5120-52 Street, Drayton Valley Mail Box 6837, Drayton Valley, AB, T7A 1A1	

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admin-support@draytonvalley.ca

E-mail