



Nomination or Appointment

Board/Committee you're applying for _____

NAME _____ DATE _____

HOME ADDRESS _____ PHONE _____

EMPLOYER _____

BUSINESS ADDRESS _____ PHONE _____

E-MAIL ADDRESS _____

TOWN BOARDS OR COMMITTEES PRESENTLY SERVING ON:

BUSINESS AND CIVIC EXPERIENCE (or attach list)

OTHER QUALIFICATIONS (REASON FOR INTEREST IN BOARD/COMMITTEE POSITION)

Are you a resident of Bryson City: YES _____ if yes number of years _____ NO _____

Do you own property inside the City Limits: YES _____ NO _____

Return this form to:

Town of Bryson City

Attn: Town Manager, Sam Pattillo

45 Everett Street

PO Box 726

Bryson City, NC 28713

Phone: (828)488-3335 FAX (828)488-9474

Signature of Applicant

Town of Bryson City does not discriminate on the basis of race, color, religion, sex, age, national origin, handicap, or disability. In admission or access to or treatment or employment, in its service, programs, and activities in compliance with applicable Federal and State Laws