

# TOWN OF CARRBORO



## Application for Membership on Advisory Board

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

IS THIS ADDRESS LOCATED WITHIN THE CORPORATE LIMITS OF THE TOWN OF CARRBORO? \_\_\_\_\_

TELEPHONE: [HOME] \_\_\_\_\_ [BUSINESS] \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: \_\_\_ OCCUPATION \_\_\_\_\_

ARE YOU A REGISTERED ORANGE COUNTY VOTER? \_\_\_ LENGTH OF RESIDENCE IN ORANGE COUNTY. \_\_\_ TOWN OF CARRBORO \_\_\_\_\_

COMMUNITY ACTIVITIES/ORGANIZATIONAL MEMBERSHIPS:

\_\_\_\_\_  
\_\_\_\_\_

*I wish to be considered for appointment to the following advisory board(s):*

<input type="checkbox"/> Board of Adjustment	<input type="checkbox"/> Northern Transition Area Advisory Com.
<input type="checkbox"/> Appearance Commission/NPDC	<input type="checkbox"/> OWASA Board of Directors
<input type="checkbox"/> Arts Committee	<input type="checkbox"/> Orange County Economic Dev. Com.
<input type="checkbox"/> Cable T.V. Committee	<input type="checkbox"/> Orange County Human Relations Com.
<input type="checkbox"/> Cemetery Commission	<input type="checkbox"/> Personnel Advisory Committee
<input type="checkbox"/> Economic Sustainability Commission	<input type="checkbox"/> Planning Board
<input type="checkbox"/> Environmental Advisory Board	<input type="checkbox"/> Recreation & Parks Commission
<input type="checkbox"/> Human Services Commission	<input type="checkbox"/> Transportation Advisory Board
<input type="checkbox"/> Greenways Commission	<input type="checkbox"/> Other _____

*If you apply for membership on more than one advisory board, please indicate your preference by number, with "1" being your first choice (please limit your selection to two (2) boards). Please note that membership is limited to one advisory board at a time. You shall not be considered for appointment to another board unless you resign before filing an application or you are in the last six months of your current term.*

EXPERIENCE TO AID YOU IN WORKING ON THESE ADVISORY  
BOARDS: \_\_\_\_\_

\_\_\_\_\_

REASON(S) YOU WISH TO BE APPOINTED:

\_\_\_\_\_  
\_\_\_\_\_

HAVE YOU EVER SERVED ON ANY TOWN OF CARRBORO ADVISORY BOARD? IF "YES", WHICH ONE(S) \_\_\_\_\_

\_\_\_\_\_

RETURN THIS FORM TO: TOWN CLERK, 301 WEST MAIN STREET, CARRBORO, N.C. 27510

[www.townofcarrboro.org](http://www.townofcarrboro.org)

*(Please note that this document and the information contained on it is a public record and must be provided by the town to anyone requesting a copy of it.)*