

BOARD APPLICATION FORM

TOWN OF THERMOPOLIS, WYOMING

NAME: _____ **HOME PHONE:** _____

ADDRESS: _____ **WORK PHONE:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Please describe your experience or background that you believe qualifies you for service on this Board (attach additional sheets if needed):

Why do you wish to serve on this Board?

Additional information that you feel is pertinent (attach additional sheets if needed):

Signature Date

Return application to: Town of Thermopolis

420 Broadway Street

Thermopolis, WY 82443

OFFICE USE ONLY:

APPOINTED: YES _____ NO _____ DATE: _____

TERM EXPIRATION DATE: _____

(Circle One)

ORIGINAL APPOINTMENT REAPPOINTMENT TERM NO: _____