

City of Silver Bay

COMMISSION/BOARD MEMBERSHIP APPLICATION

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Occupation: _____

Board/Commission Applying for: _____

Please briefly explain why you wish to serve on this Board/Commission:

Special interests, skills, expertise, and knowledge you could add to this Board/Commission:

Signature

Date

Return to: City Hall
7 Davis Drive
Silver Bay, MN 55614