



CITY OF CHERRYVILLE MAIN STREET PROGRAM APPOINTMENT APPLICATION

REQUEST FOR APPOINTMENT TO: PROMOTIONS TEAM ___ DESIGN TEAM ___ ECONOMIC DEVELOPMENT TEAM ___

NAME: _____

ADDRESS: _____

TELEPHONE #: _____ CELL # _____

EMPLOYMENT: _____

JOB TITLE: _____

DUTIES PERFORMED: _____

VOLUNTEER ACTIVITIES: _____

PREVIOUS OR CURRENT CITY COMMITTEES SERVED _____

WHY DO YOU WISH TO SERVE: _____

WHAT AREAS OF CONCERN WOULD YOU LIKE TO SEE THE COMMITTEE, BOARD ADDRESS: _____

REGULAR ATTENDANCE IS VERY IMPORTANT FOR THE BOARD, COMMITTEE, TO PROPERLY CONDUCT EFFECTIVE MEETINGS. WILL YOU BE ABLE TO CONTRIBUTE SUFFICIENT TIME TO THE SCHEDULED MEETINGS? _____

DATE: _____ SIGNATURE: _____

PLEASE USE REVERSE SIDE FOR ADDITIONAL COMMENTS.

RETURN TO: DAVID DAY - DOWNTOWN DIRECTOR

DDAY@CITYOFCHERRYVILLE.COM

PO BOX 305

220 EAST MAIN STREET

CHERRYVILLE, N.C. 28021