

Please complete form using **BLACK** ink



Committee Application

315 South Lowry Street
Smyrna, TN 37167
(615) 459-2553

Date: _____

Committee Requested: _____

Applicant Information

Name: _____ Phone: _____

Address: _____ Cell Phone: _____

Registered Voter? Yes or No Years of residency in Smyrna: _____

Workplace: _____ Job Title: _____

Business Address: _____

Past/Current Community Involvement: _____

Professional Organizations: _____

Explain why you feel you are qualified to serve on this committee: _____

Do you know of any potential conflicts: _____

Return completed form to the Town Manager's office at above address.

Deadline – March 5, 2012