

The Town of Bradford  
PO Box 339  
Bradford, Vermont 05033  
(802) 222-4727

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MEMBERSHIP APPLICATION

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

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

DAY PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

- 1) If you are re-applying for the same board / commission, how many terms / years have you already served?

Terms: \_\_\_\_\_ Years: \_\_\_\_\_

- 2) Would you be available for evening and/or morning meetings?

Evenings:    yes       no                      Mornings:    yes       no

Are there other restrictions on your availability? If so, please describe:

- 3) Please list any experiences, skills and/or qualifications which you feel would especially suit you for this appointment.

- 4) Please include service on other municipal or school district boards, commissions, or committees both in Bradford and elsewhere and indicate whether or not any of those appointments are current ones:

- 5) Pertinent education and current Employment:

- 6) Do you feel there could be any conflict of interest with your personal beliefs, occupation or employer in serving on this board, commission or committee?  
      yes       no   If yes, please explain:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_