

Council Advisory Committee/ Board Application Form

penticton.ca

NAME OF CO	OUNCIL ADVISORY COMMITTEE/BOARD	
	CANDIDATEICINICODAAATION	
	CANDIDATE'S INFORMATION	
NAME OF APPLICANT:		
	PLEASE PRINT	
ADDRESS:		
	Street Address /City/Province/Postal Code	
DUONE.	FMAU.	
Home	Business EMAIL:	
A	REA(S) OF KNOWLEDGE/EXPERIENCE	
	ct which area you have knowledge or experience in	
l Ni e e e e e		
Nature Appreciation Indoor Recreation	Trails	
Outdoor Recreation	Health and Fitness Water Based Activities	
Organized Sports	Sports Tourism and Special Events	
Organized Sports	Sports Tourish and Special Events	
QUALIFICATIONS OR RELATED KNOWLEDGE/EXPERIENCE		
-		
-		
-		
	-	

OTHER RELEVANT PERSONAL HISTORY		
REASON FOR SEEKING APPOINTMENT		
I,, hereby signify that I am willing to accept an appointment the Advisory Body named herein, should I be appointed to such by the Council of the City of Pentic		
Applicant's Signature		

Please submit completed applications to <u>committees@penticton.ca</u> or via fax 250-490-2402. If you have any questions please call 250-490-2473.

Corporate Services Department

171 Main Street, Penticton, BC V2A 5A9

Phone: (250) 490-2473 Fax: (250) 490-2402 committees@penticton.ca