

CITY OF WALKER

APPLICATION FOR APPOINTMENT

Applying for: \_\_\_\_\_

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

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

CITY: \_\_\_\_\_ MN ZIP: \_\_\_\_\_

TELEPHONE Home \_\_\_\_\_ Work \_\_\_\_\_

Are you a Resident of Walker? \_\_\_\_\_

Are you presently serving on a City of Walker Board? \_\_\_\_\_

Which One? \_\_\_\_\_ Term \_\_\_\_\_

Have you served on a City of Walker Board in the past? \_\_\_\_\_

Which One? \_\_\_\_\_ Term \_\_\_\_\_

Which One? \_\_\_\_\_ Term \_\_\_\_\_

EXPERIENCE OR EDUCATION THAT WOULD ENHANCE YOUR EFFECTIVENESS

AS A BOARD MEMBER

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Return completed application to the Walker City Hall, 205 Minnesota Avenue  
Or mail to Walker City Hall PO Box 207 Walker, MN 56484 or by email to [hopef@arvig.net](mailto:hopef@arvig.net)