

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

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 hfairchild@ci.walker.mn.us.