



Municipality of Port Hope
LOCAL BOARD / COMMITTEE APPLICATION FORM

Port Hope Resident or Rate Payer? YES NO

Name:	Date:
Address:	Phone No.:
Postal Code:	Cellular No.
	Email:

NAME OF COMMITTEE APPLIED FOR:

Reason for applying:

Past Experience / Relevant Qualifications:

(attach resume)

References:

Telephone Contact Number

1.

2.

3.

Print Name

Signature

Date:

To Be returned to the attention of the Clerk with attached resume:
56 Queen Street, Port Hope, ON L1A 3Z9