

CITY OF FRUITA BOARDS AND COMMISSIONS MEMBERSHIP APPLICATION

BOARD OR COMMISSIO)N:		
NAME:			
MAILING ADDRESS:			
	City	State	Zip
RESIDENCE ADDRESS:			
PHONE NUMBER:			
	Home	Work	
E-MAIL ADDRESS:			
How long have you been a	resident of Fruita?		
Occupation/Employer:			
List any volunteer and/or work experience:			
Are you presently serving o	on a board or commission	on? If so, which one(s)?	
Why do you want to be a m	nember of this board or	commission?	
List any abilities, skills, or applying.	interests which are appl	licable to the board or commissio	n for which you are

All applicants are strongly encouraged to attend a regularly scheduled meeting of the board or commission for which they are applying. Frequent non-attendance may result in termination of the appointment.

Date

Signature _____

ATTACHMENTS TO APPLICATION MUST BE LIMITED TO TWO PAGES

Please feel free to submit a resume along with this application. Application and any attachments should be returned to the Fruita City Council c/o the City Clerk, 325 E. Aspen, Fruita, CO 81521. Although we have indicated the best time to apply for a particular board, we accept applications for any of the boards year-round. Thank you.