



**APPOINTMENT APPLICATION FORM  
FOR CITY BOARDS, COMMISSIONS AND COMMITTEES**

P.O. Box 80 • 400 North Broadway • Siloam Springs, AR 72761  
Phone 479-524-5136 Fax 479-524-3097

*PLEASE PRINT OR TYPE*

**CHOICE OF COMMITTEE** \_\_\_\_\_

Name \_\_\_\_\_ Name of spouse (if applicable) \_\_\_\_\_

Resident Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Length of Residency in Siloam Springs \_\_\_\_\_

**References:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

1. What are your qualifications for serving on this committee, including education and expertise in the subject matter?

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2. Why would you like to be considered for appointment to this committee?

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RETURN THIS COMPLETED APPLICATION TO: City of Siloam Springs  
ATTN: Peggy Woody, City Clerk  
P.O. Box 80 - 400 North Broadway  
Siloam Springs, AR 72761

For questions please contact the City Clerk at 479-524-5136.

Date Received: \_\_\_\_\_