



Town of Blind River Application for Advisory Committees of Council

Date: _____ Phone: _____

Name: _____

Address: _____

Email Address: _____

Committee Preference (please complete one form for each Committee you would like to be considered as a member):

Annual Committee Appointments:

- | | | | |
|--------------------------|-----|----------------------------------|-----|
| Accessibility | () | Ecological Resource | () |
| Environmental Monitoring | () | Festivals & Recreation* | () |
| Timber Village Museum* | () | Property Standards/Fence Viewers | () |

Boards (Four Year Term):

- | | |
|-----------------------|-----|
| Police Services Board | () |
| Library Board | () |

* Terms of Reference are available for your review

Qualifications/Education:

Related experience that could contribute to the goals of this Committee:

Activities/Targets you would like be included in as part of your representation on this Committee

Other pertinent information attached: Yes () No ()

Please submit your application to the Town Office. All applications are kept in strict confidence.

Signature: _____