



DISTRICT OF NORTH SAANICH

Application for Appointment to an Advisory Commission of Council

Name: _____

Address 1: _____

Address 2: _____ Postal Code: _____

Phone: _____ Fax: _____

E-mail: _____ Date: _____

Commission: _____

Briefly state your reasons and interest in applying for this commission appointment.

Please indicate your background/expertise which you consider relevant to this position.

What do you hope to contribute by participating in this commission?

Are you willing to serve on another commission should a vacancy be available? If so, please indicate which commission.
