



DISTRICT OF NORTH SAANICH

Application for Appointment to an Advisory Commission of Council

Name: _____ Date: _____

Address 1: _____

Address 2: _____ Postal Code: _____

Phone: _____ E-mail: _____

Commission applied for: _____

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

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

What do you hope to contribute by participating on this Commission?

Are you aware of any conflict of interest or potential conflict of interest which could arise should you be appointed to the Commission for which you are applying?

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