



# DISTRICT OF NORTH SAANICH

## Application for Appointment to an Advisory Commission of Council

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Commission: \_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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