



City of Three Forks
PO Box 187
Three Forks, MT 59752
Phone/Fax (406) 285-3431



BOARD APPLICATION

Name _____ Date _____

Address _____ Email: _____

City _____ State MT Zip _____

Phone (Home) _____ Work _____ Cell _____

Email Address _____

Are you a resident of Three Forks? Yes / No Length of residency _____

Board/Committee you are applying for: _____

Occupation _____

Employer _____

Have you ever served on a City or other Board? Yes / No

If so, which one? _____

Current Memberships & Associations _____

List any relevant qualifications and/or related experience. Attach any additional information or resume if you desire. _____

What are your primary objectives for serving on this Board? _____

References:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____