



FlourishPAC
700 N. Green Street, Suite 204
Chicago, IL 60642
www.flourishpac.org
P: 443-961-4617

Name of advisory group

Term length

ADVISORY BOARD APPLICATION

Please type or print

If you are interested in serving as a member of the board please complete this form; attach additional sheets if necessary. You may be called for an interview and you may wish to attend a meeting of the board if you have not yet done so. Please contact the FlourishPAC at 443-961-4617 or by e-mail mae@flourishpac.org if you have any questions.

Name _____ Date of application _____

Address (residence) _____
Street City Zip Code

Telephone (home) _____ (work) _____ (mobile) _____ (fax) _____

Email address _____ Length of residence in County (List County) _____

Occupation(s)/name and location of business _____

Education _____
schools (degrees) and specialties

Why are you interested in this position? _____

What particular strengths would you bring to this position? _____

Experience and community affiliations _____

Recommended by _____
If organization or municipality, include name of entity, contact person, and telephone number; if another individual(s), give name(s) and telephone number(s).

References: (1) _____
name, address, and telephone number
(2) _____
name, address, and telephone number

Signature of Applicant

Office use only

Type of appointment: *new or reappointment* [Replacing: *(if new)* _____] Term expiration date _____

Council represented: _____



Nominating Committee Recommendation Received



Copied to Comm.: _____ Committee recommendation _____ Date _____

Appointment date _____ Appointment letter mailed date _____