



JOINT ANIMAL CONTROL MUNICIPAL SERVICE BOARD

FUNDRAISING COMMITTEE APPLICATION FORM

- Resident or Rate Payer of the Municipality of Port Hope? YES NO
Resident or Rate Payer of the Township of Hamilton? YES NO
Resident or Rate Payer of the Town of Cobourg? YES NO
Resident or Rate Payer of the Township of Alnwick-Haldimand? YES NO

| | |
|---------------------|---------------------|
| Name: | Date: |
| Address: | Phone No.: |
| | |
| | Cellular No. |
| Postal Code: | Email: |

Reason for applying:

Past Experience/Relevant Qualifications: (attach resume)

References:

Telephone Contact Number

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

Print Name

Signature

Date

To be returned to the attention of the Recording Secretary – Joint Animal Control Municipal Service Board with resume: 55 King St., Cobourg, ON K9A 2M2

Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the personal information contained in this form will be used solely to assess your qualifications for appointment to the Joint Animal Control Municipal Service Board Fundraising Committee.