



**Municipality of Port Hope  
LOCAL BOARD / COMMITTEE APPLICATION FORM**

Port Hope Resident or Rate Payer?        YES                          NO

<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	<b>Phone No.:</b>
<b>Postal Code:</b>	<b>Cellular No.</b>
	<b>Email:</b>

**NAME OF COMMITTEE APPLIED FOR:**

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**Reason for applying:**

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**Past Experience / Relevant Qualifications:**

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**References:**

**Telephone Contact Number**

1.

2.

3.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date:

***To be returned to the attention of the Clerk with attached resume:***

**Mailing address: 56 Queen Street, Port Hope, ON L1A 3Z9**

**Email: [clerk@porthope.ca](mailto:clerk@porthope.ca)**

**Fax #905.885.7698**

*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 one of the Municipality of Port Hope Advisory Boards or Committees.*