



City of Norway

P.O. Box 99 • 915 Main Street • Norway, Michigan 49870-0099 • Phone 906-563-8015 • Fax 906-563-7502

ADVISORY BOARD AND COMMISSION: SERVICE APPLICATION

Interested in Appointment to: _____

Name: _____ Address: _____

Phone: _____ Date of Birth: _____

Years lived in Norway _____

Business Address _____ Bus Phone _____

I. Community Involvement - Organizational Affiliations and
Community Activities:

II. Work Experience - Present Employer (name and address)

Brief Statement of Employment and Work Experience:

III. Education and Training - Name and Location of High School

_____ Yrs Graduated _____

IV. Personal References - List name, address and telephone:

1. _____

2. _____

3. _____

V. Additional information, please describe any special
qualifications, experience or interests that should be
considered in reviewing your application.

continue on back of sheet if necessary

Thank you for your interest in good government