

OFFICE USE ONLY	
Date Received:	
City Population/Class:	
Vacancy Appointment	Election



## **Metro Cities Board of Directors - Application Form**

Please complete the application form, providing as many details as possible. We encourage you to submit a resume and any other materials for consideration.

Name:		Title:	
Organization:			
Address:		City/Zip:	
Organization County:			
Home Phone:		Work Phone:	
Email:			

<b>Length of service in your present position (in years):</b>
<b>Other municipal or related position(s) you have held and the number of years:</b>
<b>Tell us why you are interested in serving on the Metro Cities Board of Directors.</b>
<b>Describe your previous/current involvement/participation in Metro Cities.</b>
<b>What do you see as important roles and responsibilities as a Metro Cities Board member?</b>
<b>Please provide information on how you would contribute to the Metro Cities Board in terms of your specific attributes, experience, etc.</b>

**What do you see as significant opportunities and challenges facing cities in the Metropolitan Region?**

**What expectations would you have for service on the Board?**