







## APPLICATION FOR APPOINTMENT TO COUNCIL'S ADVISORY COMMITTEE

### REFERENCES

**NAME:**

**PHONE:**

**(HOME)**

**(BUSINESS)**

**E-MAIL:**

**NAME:**

**PHONE:**

**(HOME)**

**(BUSINESS)**

**E-MAIL:**

**NAME:**

**PHONE:**

**(HOME)**

**(BUSINESS)**

**E-MAIL:**

This section MUST be signed by the applicant

I, \_\_\_\_\_ hereby signify that I am willing to accept an appointment to the Committee named herein, should I be appointed to such by the Council of the City of Campbell River.

Applicant's Signature

Date

**Please submit completed applications to:**

**City of Campbell River**

**Legislative Services Department**

301 St. Ann's Road, Campbell River, BC V9W 4C7

250-286-5700 | [front.reception@campbellriver.ca](mailto:front.reception@campbellriver.ca)