



**APPLICATION FOR
MEMBERSHIP**

Name of City Board, Commission or Council

(Please print or type)

Full Name _____ Home Phone _____

Address _____ Cell / Other _____

City _____ State _____ Zip _____ E-mail _____

City Resident? NO YES – How Long? _____ Registered Voter? YES NO

Name of Employer _____

Employer Address _____

Education Background _____

Professional Experience _____

Organization Affiliations _____

Why Are You Seeking Appointment? _____

General Remarks _____

Applicant's Signature

Date

Submit completed form to: Bonney Lake City Clerk, P.O. Box 7380, Bonney Lake, WA 98391-0944
9002 Main Street E • Phone (253) 862-8602 • Fax (253) 862-8538