

**APPLICATION FOR MEMBERSHIP ON TOWN OF CHADBOURN  
ADVISORY BOARD OR COMMITTEE**

**This application requests some general information based on your interest in applying for a position on a Town of Chadbourn Advisory Board or Committee. Please type or use dark ink.**

**Applicant's Legal Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Home Address:** \_\_\_\_\_

**Street Address, City, Zip Code** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Business/Other Phone:** \_\_\_\_\_

**FAX Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**In order to consider this application and provide some balance to the various boards, this personal information is required:**

Male:  Female:

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Occupation:** \_\_\_\_\_

**Residency within the Town limits is required for membership on most Council advisory boards.**

Do you reside within the Town Limits of Town of Chadbourn: Yes  No

Length of residence in Town of Chadbourn: \_\_\_\_\_ Years and Months

How did you find out about this Board?

	<b>Information Source Name</b>	<b>Date</b>
<b>Newspaper</b>		
<b>Email</b>		
<b>Friend</b>		
<b>Television Advertisement</b>		
<b>Internet</b>		
<b>Current Member</b>		
<b>Brochure</b>		
<b>Other</b>		

*The Council encourages you to visit a meeting of the group that you are interested in serving on.*

**Please indicate your preferences by number (first choice being "1") and choose no more than three, along with category, if applicable.**

**COUNCIL ADVISORY BOARDS**

\_\_\_\_\_ Parks & Recreation Advisory Board

\_\_\_\_\_ Planning Board

\_\_\_\_\_ West Columbus ABC Board

**OTHER COUNCIL COMMITTEES**

\_\_\_\_\_ (Please Specify): \_\_\_\_\_

Category(s) if applicable: \_\_\_\_\_

**ETHICS GUIDELINES FOR TOWN ADVISORY BOARDS**

(Please check if you agree.)

\_\_\_\_ Yes, if appointed, I pledge to comply with the following ethics guidelines for advisory boards as adopted by the Town of Chadbourn Council. Members of advisory boards shall not discuss, advocate, or vote on any matter in which they have a conflict of interest or an interest which reasonably might appear to be in conflict with the concept of fairness in dealing with public business. A conflict of interest or a potential conflict occurs if a member has a separate, private, or monetary interest, either direct or indirect, in any issue or transaction under consideration. Any member who violates this provision may be subject to removal from the board. If the advisory board or member believes he/she has a conflict of interest then that member should ask the advisory board or to be rescued from voting. The advisory board should then vote on the question on whether or not to excuse the member making the request. In cases where the individual member or the advisory board establishes a conflict of interest, then the advisory board or shall remove themselves from the voting area. Any advisory board member may seek the counsel of the Town Attorney on questions regarding the interpretation of these ethics guidelines or other conflict of interest matters. The interpretation may include a recommendation on whether or not the advisory board should excuse himself/herself from voting. The advisory board may request the Town Attorney respond in writing. Please provide a brief statement outlining why you wish to serve on the Advisory Board(s), or Committee(s) to which you are applying.

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**Applicant's Signature Required**

**Date**

*Applications will be purged after two spring appointment cycles (approximately two years). Please reapply at that time if you are still interested in serving on an Advisory Board or Committee and have not yet been appointed.*

**Please return form to:**

Town of Chadbourn  
Attention: Town Clerk  
602 North Brown Street  
Chadbourn, North Carolina 28431  
**Email:** [patgarrell@bizec.rr.com](mailto:patgarrell@bizec.rr.com) or FAX 910-654-4148