



**Town of Waldoboro, Maine**

<http://www.waldoboromaine.org>

Phone: (207) 832-5369

Fax: (207) 832-6061

**Committee / Board Membership Application**

*Please remit completed applications to:*

Town of Waldoboro  
ATTN: Town Manager  
P.O. Box J  
Waldoboro, ME 04572

This application is for membership with which Board or Committee: \_\_\_\_\_

**Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Related Experience / Qualifications for the Position:**

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*'We are an equal opportunity employer'  
All information contained herein is subject to the Maine Freedom of Access Act  
And is available to the public.*

**Related Education:**

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**Why are you interested in the position:**

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**Additional comments:**

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<hr/> <b>Signature</b>	<hr/> <b>Date</b>
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