



## Committee / Board Membership Application

*Please remit completed applications to:*

Town of Waldoboro  
Attn: Town Manager  
PO Box J  
Waldoboro, ME 04572  
207-832-5369

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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