City of Edmonds

Citizen Board & Commission Application

Edmonds Arts Commission

Name _____ Date _____

Address _____ Phone (day) _____

_____ Phone (eve) _____

Length of residence in Edmonds _____ Email _____

Occupational status and background _____

_____

_____

Organizational affiliations _____

_____

_____

Why are you seeking this appointment? _____

_____

_____

What skills and knowledge do you have to meet the selection criteria _____

_____

_____

_____
Signature

Please attach a letter of interest <u>and</u> a resume and return all to:

EAC Nominations
700 Main Street
Edmonds WA 98020
425-771-0228
frances.chapin@edmondswa.gov
www.edmondsartscommission.org