

# TOURISM PROMOTION COMMITTEE APPLICATION FOR APPOINTMENT



Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    Last                      First                      Middle

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

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

City/ State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_  
                                    Home                      Work                      Cell/Mobile

E-Mail Address: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Is this address within the City? \_\_\_\_\_

Wilsonville Resident: \_\_No \_\_Yes – since year: \_\_\_\_\_

Are you a registered Voter in the State of Oregon? \_\_\_\_\_

1. Employment, professional, and volunteer background:

2. Previous City appointments, offices or activities:

3. What experience/training/qualifications do you bring to this Committee? You may attach a resume.

4. What specific contribution do you hope to make?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Tourism Promotion Committee is scheduled to meet at least 4 times per fiscal year with the meeting dates set by the Committee.

For office use only:

Please return this form to:

Date Received:	City Recorder 29799 SW Town Center Loop E. Wilsonville, OR 97070  503-570-1506 503-682-1015 (FAX) <a href="mailto:cityrecorder@ci.wilsonville.or.us">cityrecorder@ci.wilsonville.or.us</a>
Date Considered:	
Action by Council:	
Term Expires:	