

East Fallowfield Township Board and Commission Application

Name:		Telephone:	
Address:	Date:		
Email Address:		@	
Years as a Township Resident: Occupation :			
Background/Inter	rests:		
Please check the	board(s) or comm	nission(s) that you would be willing to ser	rve on:
board to act, so a	ission Board curity Commission Is typically meet of attendance is impo	on a monthly basis or every other week. ortant. Do you feel the other board mer can be conducted?	
□ Yes	□ No	Seasonally – from	to
Why would you	like to be on the b	oard(s) or commission(s) you have select	ted: (Please use reverse side if necessary)
Concerns for the	Township; if any:		

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¹ Please attach a resume and/or letter of interest