BERRIEN COUNTY

Board / Committee Application



Application #:
Attendance:

Original Appt. Date: (County Use Only)

APPLICANT INFORMATION												
Name				Occupation/Profession								
Street Address										nt/Unit #		
City				State	te		ZIP					
Home Phone				Work	Vork Phone			1	ı			
Cell Phone					Email A	Address						
Position Ap	plying	/Reapplying for										
Do you me related to t	eet any the ap	special criteria pointment?										
Are you a registered voter in Berrien County?			YES 🗌	NO 🗌								
Are you a Berrien County resident?			YES 🗌	NO 🗌								
Are you presently delinquent on your property taxes?			YES 🗆	NO 🗌								
Have you ever been convicted of a felony?			YES 🗆	NO 🗌								
ADDITIONAL INFORMATION												
Why would you like to be appointed or re-appointed?												
What skills would you bring to this position? (i.e., education, certifications, life skills)												
List membership or participation on other governmental committees, boards, or community organizations, etc.												
SIGNATU	DE											
SIGNAIU	NL.											
Signature							Date					

CONTACT INFORMATION

Please complete this form in its entirety and return to County Administration, Berrien County Administration Center, 701 Main Street, St. Joseph, MI 49085, Fax: (269) 983-5788, or Email: BOCSecretary@berriencounty.org. If additional space is necessary, please attach additional sheets. Please note: Applications remain valid for one year from date of submission. If you have any questions, please call (269) 983-7111, ext. 8095.