TOWN OF STOKESDALE
PO BOX 465
8325 Angel Pardue Road
STOKESDALE, NC 27357

TOWN OF STOKESDALE
COMMITTEE APPLICATION

NAME: _____ **PHONE:** _____
Email: _____ **FAX:** _____

ADDRESS: _____
TOWN: _____ **ZIP:** _____
HOW LONG HAVE YOU LIVED IN STOKESDALE? _____
ARE YOU OVER 18 YEARS OF AGE? **Yes** **No**
OCCUPATION: _____
EMPLOYER/ADDRESS: _____
BUSINESS PHONE: _____

EDUCATION: High School _____ **Graduate? Yes No**
College: _____ **Graduate? Yes No** **Year** _____
Major: _____

COMMITTEE APPLIED FOR: _____
OTHER EXPERIENCE RELATIVE TO COMMITTEE APPLIED FOR:

_____
_____
_____

REASONS WHY YOU WOULD LIKE TO SERVE ON THE COMMITTEE:

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_____

Signature: _____ **Date:** _____

PLEASE COMPLETE AND RETURN TO ADDRESS ABOVE
PHONE 336-643-4011 FAX 336-643-4016
Email: Stoksdl@bellsouth.net