



CITY OF LEXINGTON, VIRGINIA

AUTHORITY, BOARD, OR COMMISSION MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE(S): _____

EMAIL(S): _____

How long have you been a Lexington Resident? _____

Authorities, Boards, and Commissions of Interest:

Why are you interested?

Please list your qualifications (for example, education, work experience, as well as any other relevant details):

Applicant's confirmation:

By signing this application, the applicant understands the commitment undertaken (including devoting the necessary time and energy to faithfully perform the requisite duties and maintain regular meeting attendance). Further, applicant shall commit to participate in any training program available for the position.

Applicant signature: _____ Date: _____