



CORPORATION OF THE TOWNSHIP OF HAMILTON

Committee/Board Application Form

Are you a Township of Hamilton Resident or Rate Payer? Yes No

Name:	Date:
Address:	Phone No.:
	Cell No.:
	E-mail:
Postal Code:	

Name of Committee: _____

Reason for applying:

Past Experience/Relevant Qualifications:

Print Name

Signature

Date

To be returned to the attention of: Kate Surerus, Clerk
PO Box 1060 Cobourg ON K9A 4W5 Fax: 905-342-2818
E-mail: ksurerus@hamiltontownship.ca