

OFFICE OF  
**SELECTMEN**  
**CENTER HARBOR, NEW HAMPSHIRE**  
03226  
POST OFFICE BOX 140  
603-253-4561  
FAX 603-253-8420

**Board/Commission Application**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ How long at present address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Education: \_\_\_\_\_

Special Interests: \_\_\_\_\_

Friends/Relatives employed by the Town of Center Harbor: \_\_\_\_\_

Community Interests/Civic Organizations: \_\_\_\_\_

Employer: \_\_\_\_\_

References: \_\_\_\_\_

Is this a first application? \_\_\_\_\_ Is this a reappointment? \_\_\_\_\_

The Board of Selectmen encourages all applicants to attend one or two meetings of the Boards/Commissions that they are interested in.

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Approval: \_\_\_\_\_ Disapproval: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Selectmen: \_\_\_\_\_

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