



COUNCIL ADVISORY COMMITTEE/PANEL Application

APPLICANT INFORMATION

Name:

Mailing Address:

City:

Postal Code:

Phone:

Alt. Phone:

Email:

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.

NAME OF ADVISORY BODY

HISTORY OF COMMUNITY INVOLVEMENT

OTHER RELEVANT PERSONAL HISTORY

REASON FOR SEEKING APPOINTMENT

I hereby signify that I am willing to accept an appointment to the Advisory Body named herein, should I be appointed to such by the City of Duncan Council.

Name

Signature

Date