



Application for Re-Appointment to Advisory Board or Committee

I am interested in serving another term on this Advisory Board or Committee:

Date of application:

How many terms have you served on this Board or Committee?

Name:

Street Address or PO Box:

City, State, ZIP

Home or Cell Phone Number

Work Phone

Email Address

Signature of Applicant:

Please return your completed form to:

Board of County Commissioners

207 Fourth Ave N.

Kelso, WA 98626