

## The Corporation of the Municipality of Meaford Application for Meaford Public Library Board

Name (Please Print):		
Address:		
Postal Code:	Telephone:	
Email:		
You may also attach additiona *** Please note all appointees	l information. must acknowledge the Code of Conduct to be appointed.	
	elector in the Municipality of Meaford? Yes No years of age, owner/tenant or spouse of owner/tenant)	
Please describe your <b>reason</b> group:	${f s}$ for wishing to serve on an advisory committee, board or	
	on a board, committee or group? if yes, indicate name	
of board or committee and yea Organization	ars of service. Years of service	
What <b>qualifications</b> or <b>exper</b> information or a Resume)	ience would you bring: (Please feel free to attach additional	



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The information on this application is gathered in accordance with the Municipal Act, S.O. 2001 c. 25. This application is to be considered confidential and used only by the Clerk for administrative purposes and will be distributed to Municipal Council for selection of members. All information of a personal or private nature is protected by the Municipal Freedom of Information and Protection of Individual Privacy Act, Chapter F.31, R.S.O., 1990. Any or all of the information contained on this form may be subject to disclosure under the Act if circumstances warrant.

Date

Signature of Applicant

Return Application To:	Brittany Sheridan, Deputy Clerk
	Municipality of Meaford
	21 Trowbridge Street West
	Meaford ON N4L 1A1
	Fax: (519) 538-1556
	Email: <u>bsheridan@meaford.ca</u>

**Additional Information:**