

CITY OF TEXARKANA, ARKANSAS

Application for Appointment to the Advertising and Promotion Commission (A&P)

(Please type or print clearly)

Name: _____ Home Phone: _____

Address: _____ Texarkana Resident Yes No _____ Years

E-Mail Address: _____ Miller Co. Voter Registration No. _____

Employer: _____ Work Phone: _____

Position: _____

Education:
College: _____ High School: _____

Special knowledge or past experience qualifying you for this appointment:

Other relevant information (civic activities, memberships, etc.):

Special knowledge or past experience qualifying you for this appointment (Please feel free to attach resume):

References: List the name and phone number of at least one Texarkana resident as a reference, especially any City staff, City Council, or current Committee members who may be contacted on your behalf.

Name: _____ Phone Number: _____

Interest: Explain why you are interested in being appointed to this board or commission.

Experience: Indicate what meeting(s) you have attended of the committee for which you wish to be considered.

Number of Texarkana, Arkansas Board of Directors Meetings you have attended in the past 12 months: _____

Please read the statement below and sign your name to indicate your understanding.
I UNDERSTAND MY ATTENDANCE WILL BE REQUIRED AT ALL COMMITTEE MEETINGS AND THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

Signature of Applicant: _____ Date Submitted: _____

Return completed application to:
City Clerk
216 Walnut Street (or)
P O Box 2711
Texarkana TX 75504-2711
Phone 870-779-4995 or Fax 870-774-3170

City Clerk Stamp

Please Note: This application will be on file for one (1) year.

