



APPLICATION FOR APPOINTMENT TO MEDC 4B BOARD

NAME: _____ DATE: _____

ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

POSITION AND TITLE: _____

Resident with in the City of Mathis City Limits Yes No

QUALIFIED VOTER? Yes No IF YES, VOTER REGISTRATION NUMBER: _____

VOTED IN THE LAST CITY ELECTION? YES NO

ARE YOU IN ARREARS ON ANY CITY OF MATHIS TAXES OR OTHER LIABILITIES DUE THE CITY OF MATHIS?

YES NO (Arrears is defined to mean that payment has not been received within ninety (90) days from due date).