



Town of Hay River Committee Member Background

Committee applied for: _____

Organization or Full name: _____

Residence Address: _____

Phone Numbers: Cell _____ Work _____

Email Address: _____

What relevant experience will you bring to this committee: _____

What interests you about this committee: _____

Please send completed application to Glenn Smith at asao@hayriver.com

Signature of Applicant: _____ Date: _____