

Board/Commission Membership Application

Date of Application:						
Council collectively. 7	following information in fu The Tourism Board and Par oners. Do not attach addit	ks & Recreation	Advisory Board appo	intments also requir	e approval by	
	Board or Co	ommission Appl	ying for: (select one			
☐ Town Council	(appointment only)	□с	ombined Parks & Red	creation Advisory Bo	ard	
$\ \square$ Code Board of Appeals		□ P	☐ Pagosa Area Tourism Board			
☐ Planning Com	mission/Design Review Bo	oard/Historic Pre	servation Board			
		Applicant Info	rmation			
Last Name	First Name MI Cell Phone		Phone			
Physical Address	Street Address		City	State	Zip	
Mailing Address (if di	fferent) PO Box		City	State	Zip	
Email Address						
	t of Pagosa Springs (withir Parks & Recreation Adviso	-	years. <i>Note: 1</i>	own residency not re	equired for	
Are you currently ser	ving, or previously served,	on any Boards f	or the Town of Pagos	a Springs?		
Please list any trainin or commission you a	g, experience, education, or re interested in:	or skills that you	believe would enhar	nce your ability to ser	ve on the board	
Explain why you are s	seeking appointment to th	is board or comr	nission:			
or misleading statement disqualify me from volu	rm that all the information co its or omission of important i inteer work for the Town of F ito Boards and Commissions	nformation made Pagosa Springs. I u	oplication is true, component on this application or a	ny time during the pro	cess may	
 Signature		-	 Date			