



Referred by: _____

CITY OF SOUTH MIAMI BOARD/COMMITTEE APPLICATION

6130 Sunset Drive
South Miami, FL 33143

Phone No. 305-663-6340
Fax No. 305-663-6348

1. Name: _____

(Please print)

2. Home Address: _____

3. Business Address: _____

4. Home Phone No. _____ Business Phone No. _____

Fax No. _____

5. E-mail Address: _____

6. Education/Degree Earned: _____

Pertinent Experience: _____

Field Expertise: _____

7. Community Service: _____

8. Are you a registered voter? Yes ___ No ___

9. Are you a resident of the City? Yes ___ No ___

10. Do you have a business in the City? Yes ___ No ___

11. Ethnic Origin?

White Non-Hispanic ___ African American ___ Hispanic American ___ Other ___

12. I am interested in serving on the following board(s)/committee(s):

First choice

Second choice

Third choice

Fourth choice

Signature _____

Date _____

Applicant

THIS APPLICATION WILL REMAIN ON FILE FOR ONE YEAR