



CITY OF CITY OF PORT ISABEL

Board and Committee Membership Application

Name: _____ Office Phone: _____

Home Address: _____ Home Phone: _____

Email Address: _____

Employed By/Retired From: _____
(Please Circle One)

Spouses Name: _____ Office Phone: _____

Employed By/Retired From: _____
(Please Circle One)

Education: _____

Background, Experience, Special Talents, etc. _____

Previous Board or Committee Experience: _____

Specific Board or Committee Applied for: _____

If no Specific Board or Committee, Area of Interest: _____

Why are you interested in this board, committee or area of service? _____

Limitations on Availability: _____

References (optional): _____

Return completed applications to City Secretary Susie Alcocer by mail at 305 E. Maxan St. Port Isabel TX 78578; by fax at 956-943-2029; or by email to salcocer@copitx.com

FOR CITY USE ONLY:

Date Interviewed: _____

Qualified for (1): _____

Qualified for (2): _____