



# APPLICATION FOR NEWPORT RECREATION ADVISORY COMMISSION

Please print or type

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State and Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Recreational Interest

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Special Interests or Volunteer Service

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Are you currently serving in one or more appointed or elected positions in any Federal, State or Local Government agency? \_\_\_\_\_

If so, please give the following information:

Position \_\_\_\_\_

Organization \_\_\_\_\_

Date term ends \_\_\_\_\_

(To be completed by staff)

This application will be retained on file for twelve(12) months from the date of receipt

Date received \_\_\_\_\_ Expiration date \_\_\_\_\_

(When vacancies occur, your application will be considered along with the others received. You may return this form to 200 Howard Blvd., by mail at P.O. Box 1869, Newport NC 28570, fax 252-223-5382, or submit electronically to [kbuttery@townofnewport.com](mailto:kbuttery@townofnewport.com)

Thank you for your interest in the Newport Recreation Advisory Commission