

TOWN OF JAMES ISLAND, SC



ADVISORY COUNCIL AND BOARD APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #:  
Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Advisory Council of Interest: \_\_\_\_\_

Educational Background, Work, or Life Experience Related to Your Interest:

---

---

---

---

If you are not selected to serve on the Advisory Council or Board of your choice, please list other areas where you would like to serve:

\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Advisory Council Members are appointed by Town Council and serve a two (2) year term

\*Board members appointed serve 4 years of staggered terms

Thank you for your interest in serving the Town of James Island