



Homer Township Application

Remit to:
Homer Township
522 N. Homer Rd.
Midland, MI 48640

Date Received _____

File Code _____

FOR OFFICE USE ONLY

THIS FORM WILL BE KEPT ON FILE FOR (2) YEARS

PLEASE PRINT CLEARLY OR TYPE

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

***APPLICANT MUST BE A CURRENT HOMER TOWNSHIP RESIDENT**

CONTACT PHONE NUMBER(S): _____ [] Home [] Work [] Cell [] Pager

_____ [] Home [] Work [] Cell [] Pager

OCCUPATION _____

PLACE OF EMPLOYMENT _____

EDUCATION:

HIGH SCHOOL _____ YEARS COMPLETE _____

COLLEGE _____ DEGREE _____

COMMUNITY INVOLVEMENT _____

NAME(S) OF BOARD OR COMMISSION DESIRING TO SERVE ON

1ST CHOICE _____

2ND CHOICE _____

3RD CHOICE _____

WHY DO YOU WISH TO SERVE? _____

(Additional information may be attached if desired)

SIGNED _____ DATE _____