ADVISORY PLANNING COMMISSION
ELECTORAL AREA ‘C’
MEMBERSHIP APPLICATION
For the Two-Year Term January 1, 2019 to December 31, 2021

Name: ____________________________
Address: ____________________________________________________________
City: ____________________________ Postal Code: __________________________
Telephone No.: ____________________________ (home) ____________________________ (other)
Fax No.: ____________________________ Email: ____________________________
Length of Residence: in Electoral Area ‘C’ at above address: ____________________________
Community activities/interests:

What skills, knowledge and experience do you possess which might be valuable to the Advisory Planning Commission?

Why are you interested in APC membership at this time?

Date: ____________________________ Signature: ____________________________