

**BOWNE TOWNSHIP**  
8240 Alden Nash SE  
PO Box 35  
Alto, MI 49302-0035

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**APPLICATION FOR APPOINTMENT TO  
BOARDS, COMMISSIONS AND COMMITTEES**

Please complete the following information and submit to Bowne Township.

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

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

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Board, Commission, or Committee interested in serving on: \_\_\_\_\_

Please provide us with a brief background of your work or volunteer experience. Attach a resume if available.

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Reference(s): \_\_\_\_\_

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

Thank you for volunteering to serve Bowne Township