



## TOWN OF STOKESDALE COMMITTEE APPLICATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TOWN: \_\_\_\_\_  
ZIP: \_\_\_\_\_  
HOW LONG HAVE YOU LIVED IN STOKESDALE? \_\_\_\_\_  
ARE YOU OVER 18 YEARS OF AGE? Yes No  
OCCUPATION: \_\_\_\_\_  
EMPLOYER/ADDRESS: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_  
EDUCATION: High School \_\_\_\_\_ Graduate? Yes No  
College: \_\_\_\_\_ Graduate? Yes No Year \_\_\_\_\_  
Major: \_\_\_\_\_

COMMITTEE APPLIED FOR: \_\_\_\_\_

I HAVE READ AND UNDERSTAND THE PURPOSE AND MISSION STATEMENT OF THE  
COMMITTEE I AM APPLYING FOR: Yes No

OTHER EXPERIENCE RELATIVE TO COMMITTEE APPLIED FOR: \_\_\_\_\_

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REASONS WHY YOU WOULD LIKE TO SERVE ON THE COMMITTEE: \_\_\_\_\_

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

**PLEASE COMPLETE AND MAIL TO: Town of Stokesdale, PO Box 465, Stokesdale, NC 27357**  
**HAND DELIVER TO: Stokesdale Town Hall, 8325 Angel Pardue Road, Stokesdale, NC 27357**  
**EMAIL TO: [rwagoner@stokesdale.org](mailto:rwagoner@stokesdale.org)**  
**CALL WITH QUESTIONS: 336-643-4011**