

EXHIBIT B

APPOINTMENT APPLICATION

Harrison Township Authorities, Boards, Commissions, and Advisory Committees

NAME: _____

ADDRESS: _____ Harrison Township, PA 15065

PHONE: _____

EMAIL ADDRESS: _____

POSITION(S) FOR WHICH YOU ARE APPLYING:

QUALIFICATIONS/EXPERIENCE (Please attach a resume or any additional information):

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN SERVING IN THIS POSITION:

If you are a member of any other Harrison Township Authority, Board, Commission, or Advisory Committee, please state why you desire to serve on another body:

Print Name: _____

Signature: _____

Date: _____

Send application to smotosicky@harrisontwp-pa.gov or PO Box 376, Natrona Heights, PA 15065

Date Received by Township: _____

Received by: _____