



**Office of the Town Manager**

North Branford Town Hall  
909 Foxon Rd. North Branford, CT 06471  
203-484-6000

**Application for Membership on Town Boards and Commissions**

Applying for: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Are you an elector of the Town of North Branford? YES\_\_\_\_ NO\_\_\_\_

What is your party affiliation? \_\_\_\_Republican \_\_\_\_Democrat  
\_\_\_\_Unaffiliated \_\_\_\_Other (Please indicate)\_\_\_\_\_

Are there specific days or times you are unavailable to attend meetings? YES\_\_\_\_ NO\_\_\_\_

If YES, please indicate: \_\_\_\_\_

Have you ever been convicted of a felony? YES\_\_\_\_ NO\_\_\_\_

Do you anticipate having to refrain from participating in discussion or voting on any particular matter(s) that may come before the board or commission you are applying for due to a conflict of interest? YES\_\_\_\_ NO\_\_\_\_

If YES, please explain: \_\_\_\_\_

Please be advised that appointment to some boards and commissions may require additional time beyond meetings to review documents and conduct other activities. Do you understand the time requirements necessary to serve and are you able to make that commitment?

YES\_\_\_\_ NO\_\_\_\_

Applications are kept on file for one year from the date of receipt. Would you like your application to be kept on file for future consideration? YES\_\_\_\_ NO\_\_\_\_

You may attach resume and other documentation as necessary.

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date

Please print, sign, and return this form to the address above or scan and email to:  
gcox@northbranfordct.gov