



**What qualifications or experiences are you bringing to the Board/Committee. Please feel free to attach additional information or a resume.**

**Please indicate why you wish to serve on this Advisory Committee.**

**Date:**

**SIGNATURE OF  
APPLICANT:**

**Mail or fax this application to:**

**Bruce Grant, CAO  
Town of St. Marys  
Town Hall, PO Box 998  
St. Marys, Ontario N4X 1B6  
Fax: 519-284-3881  
Phone – 519-284-2340 ext. 241**

*This information is gathered in accordance with the Municipal Act, RSO 1990, C M45 for the purpose of making appointments to Town Boards and Committees. Information on this application will be provided to Town Council for selection of members to serve on various Boards and Committees. Inquiries about the Act may be directed to the Clerk at 519-284-2340 ext. 241.*