

6437 S. Nelson Rd., Idlewild, MI 49642 Phone 231.745.3940, Fax 231.745.2960 Email <u>clerk@yatestownship.com</u>

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YATES TOWNSHIP BOARDS & COMMISSIONS MEMBERSHIP APPLICATION Please mail or fax the completed form to the Township Clerk's office. See above contact information.				
Name	Email Address			
Address	Cell Phone			
Select one. Planning Commission Parks & Recreation Advisory Commission Zoning Board of Appeals Board of Review Yates Township Transit Authority Board				
Employment Experience				
Background & Interests				
Civic Participation				

/hy are you interested in serving on the Board or Commission? /hat talents or experience would you bring to the position?		liations/Activities		
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	Why are you intereste	d in serving on the	e Board or Comn	nission?
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	Do you have any othe	r information you	wish to provide?	

Please check for understanding.
Planning Commission Only (3-Year Term)
I understand that I must be a Yates Township qualified elector. I have the ability to read and understand plans, ordinances, and other municipal documents.
I understand that "Within sixty (60) days of a regular member of the Commission being initially appointed to the Commission, that member shall complete the MSU Citizen Planner Program. For every one (1) year thereafter, each member of the Commission shall attend at least three hours of seminars for a municipal planning commission as approved by the Yates Township Board."
I understand that I must attend regularly scheduled meetings.
I understand that the Planning Commission candidates are nominated by the Township Supervisor and approved by the Township Board.
Parks & Recreation Advisory Commission Only (3-Year Term)
 I understand that I must be a Yates Township qualified elector or Yates Township property owner. I understand that I must attend regularly scheduled meetings.
I understand appointments to the Parks & Recreation Advisory Commission are approved by the Township Board.
Zoning Board of Appeals(3-Year Term) Board of Review(2-Year Term)
Yates Township Transit Authority Board (3-Year Term)
I understand that I must be a Yates Township qualified elector or Yates Township property owner. I understand that I must attend regularly scheduled meetings.
I understand appointments are approved by the Township Board.

Signature of Applicant

Date

Date Received

Date Interviewed

Date Appointed

Date Reappointed

Term Expiration Date