

Application for Martin County Board of Commissioners' Boards/Commissions/Committees Appointment(s)

If you are a Martin County citizen interested in serving as a member of one of the County's Advisory Boards, please, ENTIRELY complete the form below. Forms may be submitted by mail: Martin County Manager's Office, Attn: Clerk to the Board, P. O. Box 668, Williamston, NC 27892, by fax 789-4309 or by email: jessica.godard@martincountyncgov.com. YOU MUST BE A RESIDENT OF MARTIN COUNTY TO APPLY. There is no monetary compensation for service on most of these boards. Some of these boards/commissions meet during the day. Please check the meeting schedule of the particular board you wish to apply for before submitting an application. You may call 789-4300 for information concerning these boards.

	The following Boards/Committees have specific categories of membership:
Alcoholic Beverage Control (ABC)	Ambulance Services Advisory Council
Airport Commission	Community Child Protection Team
Animal Control Board of Appeals	Economic Development Council, Inc. (Headstart)
Bertie-Martin Regional Jail Commission	Home & Community Care Blk. Grant Committee
Beaufort Hyde Martin Regional Library	Juvenile Crime Prevention Council (JCPC)
Choanoke Area Dev. Association (CADA)	Martin-Tyrell-Washington(MTW) District Health
Community Advisory Committee (Nursing Homes	Martin County Regional Water & Sewer Authority
and Family Care Facilities)	(MCRWASA)
Council on Aging	Mental Health Board
Economic Development Corporation	Region Q Workforce Development Board
Human Relations Council	Transportation Advisory Board
Industrial Facilities & Pollution Control Financing Authority	Tourism Development Authority (TDA)
Jury Commission	Water District Advisory Boards
Martin Community College Board of Trustees	
Martin General Health Systems	
Mid-East Commission	
Mid-East Regional Housing Authority	
Social Services Board	
Women's Council	

PLEASE PRINT OR TYPE DI EASE LIST THE DOADD(S)/COMMISSION(S) ON WHICH YOU WOULD BE WILLING

TO SERVE:	and(s)/commission(s) on which	TOU WOOLD BE WILLING
1	2	
3	4	
NAME:		DATE:
ADDRESS:	CITY/STATE:	ZIP:



	Last Name:
TELEPHONE: Home:	Work:
OCCUPATION:	
PLACE OF EMPLOYMENT	Γ:
EDUCATIONAL BACKGRO	OUND:
State or local government ag If so, please give the following	g information: Position:
	ership program? Yes [] No []
	SSURING DIVERSITY OF MEMBERSHIP BY AGE, GENDER THE FOLLOWING QUESTIONS: Male [] Female []
	African American/Black [] Caucasian/White [] Hispanic [] Asian American [] Other
ARE YOU AT LEAST 18 YEA	RS OF AGE? Yes [] No []
	d, their application will remain on file for two (2) years, and nmissioners when reviewing and making appointments.

Pursuant to North Carolina General Statutes Chapter 132, Public Records, this document may be considered public record and as such is subject to request and review by third parties.