



City of Joseph

Budget Committee Application

Name: _____ Date: _____

Address (mailing & physical): _____

Years of Residency _____

Phone: _____

Email Address: _____

Occupation: _____

Registered Voter: yes no

Have you ever served on any City of Joseph committees? yes no

If yes, which one and when?

Why do you want to serve on the Committee?

Do you attend any of the cities City Council meetings or other city meetings? yes no

If yes, how many in the last 12 months? _____

Please list any special qualifications you may have:

Signature

**Please return your completed application to: Joseph City Hall, 201 North Main Street,
Joseph, OR 97846.**