

APPLICATION FOR CASS CLAY FOOD COMMISSION

APPLICANT INFORMATION

Name:

Phone:

Email:

Preferred mailing address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

Phone:

E-mail:

Fax:

City:

State:

Zip:

Position:

WHAT SKILLS, TRAINING, OR EXPERIENCE DO YOU HAVE RELATED TO THE WORK OF THE COMMISSION?

REASON FOR YOUR INTEREST TO SERVE ON THIS COMMISSION:

PLEASE PROVIDE A BRIEF BIO (200 WORDS OR LESS): NOTE: THIS MAY BE USED FOR PUBLICATION TO DESCRIBE THE COMMISSION.

Signature:

Date:

Please return this form to [Michelle Draxten - MDraxten@FargoND.gov](mailto:MDraxten@FargoND.gov)

Or mail to:

Fargo Cass Public Health
Attn: Michelle Draxten
1240 25th Street South
Fargo, ND 58103-2367