

**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 25<sup>th</sup> Street South Fargo, ND  
58103-2367