

**APPLICATION FOR BOARD MEMBERSHIP
OF**

DIRECTIONS: Type or print clearly. Use black ink. Submit application by _____.

Name: _____

Address: _____

E-mail address: _____

Home Phone: _____ Work: _____ Fax: _____

Date of Birth: _____

Hampton County Voter's Registration Number:

Occupation: _____

If retired, name of past occupation and organization:

Education:

Are you presently serving on a board or commission in which Hampton County Council or another governmental official appointed you OR are you currently serving as an elected official? (Check one.)
Yes _____ No _____

If yes, list position and organization or governmental body:

Are you related to anyone in the organization in which you are requesting appointment? (Check one.)

Yes _____ No _____

If yes, who and what relationship are you?

Affiliations, Organizations:

Interests:

Reason(s) for wanting to become a member of this board/commission/council/committee:

Additional comments:

Signature: _____ Date: _____

Please return the completed application to:

Hampton County Council's Office
Attn: Aline Newton
201 Jackson Ave., W.
Hampton, SC 29924