



APPLICATION FOR APPOINTMENT AS
DISTRICT TWO BOARD OF SUPERVISORS MEMBER

Date _____

Name _____

Home Address _____

City _____ State _____ Zip _____

Social Security Number _____ Election District _____

Home Telephone # _____ Fax # _____

E-Mail Address _____

Present Employer _____

Business Address _____

City _____ State _____ Zip _____

Business Telephone # _____ Fax # _____

Which Address is preferred for mailings? Home _____ Office _____

Occupation _____

Former Occupation (if retired) _____

Education: School: Years: Study Area:

High School: _____

College/Technical School: _____

Graduate School: _____

Other: _____

Local Government Experience including Past Board, Commission & Committee Appointments:

Professional, Civic or Other Activities:



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The information supplied by me in this application is complete and is true to the best of my knowledge and belief.

Date Signed: _____ Signature: _____

Please Return Application To:

Bedford County Administration Office

Attn: Robin Braxton

122 East Main Street, Suite 202

Bedford, VA 24523

r.braxton@bedfordcountyva.gov

Phone: 540-586-7601

Fax: 540-586-0406