

"TALENT BANK" APPLICATION FORM

Mayor and City Councilmembers  
City of Chelan  
P.O. Box 1669  
Chelan, WA 98816

MY NAME IS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: (work) \_\_\_\_\_ / (home) \_\_\_\_\_

Please consider me for \_\_\_\_\_ Appointment \_\_\_\_\_ Re-appointment  
to any vacancy on the \_\_\_\_\_.  
(City Council/Board/Commission)

Description of Qualifications/Interest:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date