

**A RESOLUTION AUTHORIZING THE TOWN STAFF TO EXCLUDE
ADVISORY BOARD APPLICATIONS FROM THE BOARD OF ALDERMEN'S AGENDAS
POSTED ON THE TOWN'S WEBSITE
Resolution No. 01/2009-10**

BE IT RESOLVED BY THE BOARD OF ALDERMEN OF THE TOWN OF CARRBORO:

Section 1. The Board of Aldermen authorizes the town staff to exclude advisory board applications from the Board of Aldermen agendas posted on the Town of Carrboro's website.

Section 2. This resolution shall become effective upon adoption.

___ Town ___ ETJ ___ Trans.Area

TOWN OF CARRBORO



Application for Membership on Advisory Board

NAME: _____ DATE: _____

ADDRESS: _____

IS THIS ADDRESS LOCATED WITHIN THE CORPORATE LIMITS OF THE TOWN OF CARRBORO? _____

TELEPHONE: [HOME] _____ [BUSINESS] _____ E-MAIL ADDRESS: _____

DATE OF BIRTH _____ RACE: _____ SEX: _____ OCCUPATION _____

ARE YOU A REGISTERED ORANGE COUNTY VOTER? _____ LENGTH OF RESIDENCE IN ORANGE COUNTY. _____ TOWN OF CARRBORO _____

COMMUNITY ACTIVITIES/ORGANIZATIONAL MEMBERSHIPS:

I wish to be considered for appointment to the following advisory board(s):

<input type="checkbox"/> Board of Adjustment	<input type="checkbox"/> Northern Transition Area Advisory Com.
<input type="checkbox"/> Appearance Commission/NPDC	<input type="checkbox"/> OWASA Board of Directors
<input type="checkbox"/> Arts Committee	<input type="checkbox"/> Orange County Economic Dev. Com.
<input type="checkbox"/> Cable T.V. Committee	<input type="checkbox"/> Orange County Human Relations Com.
<input type="checkbox"/> Cemetery Commission	<input type="checkbox"/> Personnel Advisory Committee
<input type="checkbox"/> Economic Sustainability Commission	<input type="checkbox"/> Planning Board
<input type="checkbox"/> Environmental Advisory Board	<input type="checkbox"/> Recreation & Parks Commission
<input type="checkbox"/> Human Services Commission	<input type="checkbox"/> Transportation Advisory Board
<input type="checkbox"/> Greenways Commission	<input type="checkbox"/> Other _____

If you apply for membership on more than one advisory board, please indicate your preference by number, with "1" being your first choice (please limit your selection to two (2) boards). Please note that membership is limited to one advisory board at a time. You shall not be considered for appointment to another board unless you resign before filing an application or you are in the last six months of your current term.

EXPERIENCE TO AID YOU IN WORKING ON THESE ADVISORY BOARDS: _____

REASON(S) YOU WISH TO BE APPOINTED: _____

HAVE YOU EVER SERVED ON ANY TOWN OF CARRBORO ADVISORY BOARD? If "YES", WHICH ONE(S) _____

RETURN THIS FORM TO: TOWN CLERK, 301 WEST MAIN STREET, CARRBORO, N.C. 27510
www.townofcarrboro.org

(Please note that this document and the information contained on it is a public record and must be provided by the town to anyone requesting a copy of it.)