



## City of Joseph Budget Committee Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address (mailing & physical): \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you ever served on any City of Joseph committees?  yes  no

If yes, which one and when?

\_\_\_\_\_

Why do you want to serve on the Committee?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you attend any of the cities City Council meetings or other city meetings?  yes  no

If yes, how many in the last 12 months? \_\_\_\_\_

Please list any special qualifications you may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

**Please return your completed application to: Joseph City Hall, 201 North Main Street, Joseph, OR 97846 or email to [cityofjosephoregon@gmail.com](mailto:cityofjosephoregon@gmail.com)**