



Committee Application

315 South Lowry Street
Smyrna, TN 37167
(615) 459-2553

PLEASE USE BLACK OR BLUE INK

Date: _____

Committee(s) Requested: _____

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Registered Voter? Yes or No Years of residency in Smyrna: _____

E-mail Address _____

Current Workplace: _____

Job Title: _____ Length of Employment: _____

Business Address: _____

_____ Business Phone: _____

Education: _____

Past/Current Community Involvement: _____

Professional Organizations: _____

Explain why you would like to serve on this committee: _____

Do you know of any potential conflicts: _____

Return form to the Town Manager's office by March 4, 2019 along with a copy of your driver's license.