



# THE CITY OF MONROE

## APPOINTED BOARD MEMBER BIOGRAPHY

PLEASE TYPE OR PRINT CLEARLY IN INK	
NAME	
HOME ADDRESS	
HOME/CELL NUMBER	
PROFESSION/BUSINESS	
BUSINESS ADDRESS	
BUSINESS NUMBER	
EMAIL ADDRESS	
ADDRESS WHERE YOU PREFER TO RECEIVE MAIL	Home _____ Work _____

BIRTHDATE	
BIRTHPLACE	
EDUCATION	
HOBBIES	
MEMBERSHIP IN SERVICE CLUBS	
SOCIAL CLUBS	
MEMBERSHIP/OFFICES HELD/OTHER AGENCY BOARDS	
CIVIC APPOINTMENTS	
POLITICAL OFFICES	
REASON FOR INTEREST IN SERVING ON HEALTH BOARD	



**ADDITIONAL SPACE FOR ANSWERS**