

APPLICATION FOR GALESBURG DOWNTOWN DEVELOPMENT COMMITTEE

Thank you for your interest in serving on one of our DDA committees. Please tell us about yourself by filling in all the blanks below.

First Name: _____ Last Name: _____

Employer Name: _____ Today's Date: _____

Address: _____ City: _____ St: _____

Zip: _____ Phone: _____ Alt Phone: _____

College (circle one) Yes No

Degree (circle one) Yes No If yes, what? _____

Committee you wish to serve on: _____

Hobbies and Personal Interest: _____

Qualifications/Experience: _____

Brief comment on why you want to serve on this committee: _____

Please submit this completed form to the City of Galesburg, **ATTENTION: DDA**, at 200 E. Michigan Ave. in Galesburg or bring it to one of our regularly scheduled meetings.