



TOWN OF ARGYLE APPLICATION FOR BOARDS/COMMISSIONS

NAME:	DATE:	
PHYSICAL ADDRESS:	ZIP CODE:	
MAILING ADDRESS:	EMAIL:	
HOME PHONE:	BUS. PHONE:	CELL PHONE:
OCCUPATION: (If retired, indicate former occupation or profession, please attach a copy of resume)		
ARE YOU A RESIDENT OF ARGYLE? YES NO IF YES, FOR _____ YEARS		
DO YOU OWN REAL PROPERTY WITHIN THE TOWN OF ARGYLE? YES NO		
ARE YOU A QUALIFIED VOTER OF THE STATE OF TEXAS? YES NO		
HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION? YES NO IF YES, PLEASE DESCRIBE.		
ARE YOU RELATED TO ANY TOWN EMPLOYEE OR CURRENT COUNCILMEMBER? YES NO		
PROFESSIONAL AND/OR COMMUNITY ACTIVITIES:		
IF YOU HAVE BEEN A MEMBER OF TOWN OF ARGYLE BOARD OR COMMISSION, PLEASE INDICATE THE BOARD OR COMMISSION AND APPROXIMATE DATES OF SERVICE:		
PLEASE NUMBER IN ORDER OF PREFERENCE OF THE BOARD/COMMISSION ON WHICH YOU ARE INTERESTED IN SERVING:		
Planning and Zoning Commission ("P&Z")	_____	
Zoning Board of Adjustment ("ZBOA")	_____	
Keep Argyle Beautiful ("KAB")	_____	
Argyle Economic Development Corporation Board of Directors ("EDC")	_____	
Argyle Economic Development Corporation Board of Directors- Advisory Director	_____	
Crime Control and Prevention District Board ("CCPD")	_____	
LIST QUALIFICATIONS THAT MAKE YOU A GOOD CANDIDATE FOR THE ABOVE POSITION(S):		
I hereby affirm the information provided herein is true and correct to the best of my knowledge.		
_____	_____	
Signature	Date	
RETURN COMPLETED APPLICATION AND RESUME TO:		
Office of the Town Secretary Town of Argyle 506 N. Hwy 377/ PO Box 609 Argyle, Texas 76226 cdelcambre@argyletx.com		