



www.mqtcty.org

## APPLICATION FORM MARQUETTE LDFA SMARTZONE BOARD

Please use this form to express your interest in serving on the Satellite SmartZone Board. You may attach additional material if you wish. Please note that applications are kept on file for six months. Completed applications are public documents and are subject to the *Michigan Freedom of Information Act*. City residency is not a requirement for this particular board.

### **Eligibility Requirements:**

Are you currently in default to the City of Marquette? Yes  No

Are you related to any current LDFA Board Member (including by marriage)? Yes  No

Applicant Name as it Appears on Driver's License: \_\_\_\_\_

Driver's License Number and State: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you currently serving or have you served on any City board or committee? If so, please list and give approximate dates.

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

Education/Credentials: \_\_\_\_\_

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

Professional activities that relate to this board: \_\_\_\_\_

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

Community activities that relate to this board: \_\_\_\_\_

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

Why are you interested in serving on this board? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What talents or experience would you bring to the board? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments or information you wish to provide to the LDFA Board?  
\_\_\_\_\_  
\_\_\_\_\_

Are you involved in any personal, professional or business pursuit that would affect your ability to make fair and impartial recommendations as a member of the Satellite SmartZone Board?  
Yes  No

***Appointed members are expected to attend all meetings of the board. Once a meeting schedule is established, will you be available to attend regularly scheduled meetings?***  
Yes  No

\_\_\_\_\_  
*Signature* *Date*

*I certify that there are no misrepresentations, omissions or falsifications on this application and by signing this application I give consent for a background check to verify the information I have provided.*

Please return this form with any attachments to:  
  
e-mail: [gsimpson@mqctcy.org](mailto:gsimpson@mqctcy.org); or mail to: Gary Simpson, Marquette City Hall,  
300 W. Baraga Avenue, Marquette, MI 49855.  
**Thank you for your interest in serving as a volunteer board member. Your willingness to serve is greatly appreciated.**