

APPLICATION FOR CITY OF DODGE CITY ADVISORY BOARDS

NAME:		OCCUPATION:		
ADDRESS:		TELEPHONE: _	TELEPHONE:	
E-MAIL:				
Bureau Advisory 1			tment to the Convention and Visitors og to: At-Large/Local Business,	
Tell us about your	r educational background	d: Dates Attended	Major	
- Joen		Dates Attended	rajor	
	1 7, 0		D <i>j</i> / /	
Work history:	Job and Title	1872	Dates of Employment	
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To the best of your knowledge, would the appointment consideration create any conflicts of interest due to yo please explain:	
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7000	
Have you ever served on any advisory board, committed please tell us something about it.	ee, etc. of another public body? If you have,
Tell us about other qualifications you have which you f	eel qualify you for an appointment.
	
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Cida atawa	G Data:
Signature:	Date:
Please return to: City Manager's Office, City Hall, P.O. 1620-225-8144.	Box 880, Dodge City, Kansas 67801-0880. Fax:
E-mail: abbeym@dodgecity.org.	
Thank you for your interest!	

DODGECITY.ORG