

**Application for Reappointment  
Madison County Boards And Committees**

Thank you for your service to Madison County by serving as a County Board or Committee Member. If your term is scheduled to expire in the next three months and you are interested in continuing to serve on the Board of which you are currently a member, please complete the reappointment application. Please complete one application per Board or Committee that you would like to be considered for reappointment. Each application should be completed in its entirety including date and signature.

Incomplete applications will not be considered.

Name \_\_\_\_\_

Street Address (street name if Po Box) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Place of Business \_\_\_\_\_

Business Address \_\_\_\_\_

Do you live within a municipality \_\_\_Yes \_\_\_No Town Name (if yes) \_\_\_\_\_

Please list all Madison County Boards or Committees of which you are currently a member

\_\_\_\_\_

Please list the Board or Committee for which you are currently seeking reappointment

\_\_\_\_\_

Current term appointment date \_\_\_\_\_ Current term expiration date \_\_\_\_\_

Please give a brief explanation of why you would like to continue serving in this capacity

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return application to:

Madison County Government  
Po Box 579  
Marshall, NC 28753  
Phone: 828.649.2854  
Office Hours: 8 a.m.-5 p.m. Mon.-Fri.