

City of Trussville, Alabama
Board Member Application/Profile

Name: _____

Address: _____

Telephone: Wk _____ Cell _____ Home _____

Employer: _____

Type of work: _____

Board on which you wish to serve (or serve): _____

Number of years service if on a board: _____

Briefly describe why you are interested in serving on this Board, or what special qualifications or experience you bring (or would bring) to this Board.

Comments:

City of Trussville
131 Main Street
PO Box 159
Trussville, AL 35173
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(205)655-7487 fax
email: sfrazier@trussville.org