

TOWN OF GILFORD

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Recreation Center of New Hampshire

**TOWN OF GILFORD
BOARD/COMMISSION APPLICATION**

Check all that apply:

I am an applicant for:

	Full Member	Alternate Member
<input type="checkbox"/> Conservation Commission	{ }	{ }
<input type="checkbox"/> Planning Board	{ }	{ }
<input type="checkbox"/> Historic District Commission	{ }	{ }
<input type="checkbox"/> Recreation Commission	{ }	{ }
<input type="checkbox"/> Zoning Board of Adjustment	{ }	{ }
<input type="checkbox"/> CIP Committee	{ }	{ }
<input type="checkbox"/> Other	{ }	{ }

Check if for re-appointment

Name: _____

Address: _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

E-mail _____

Education:

High School

College

Specialized training: _____

Please provide additional information on your qualifications and/or explain what you hope to accomplish or indicate why you wish to be appointed/re-appointed.
