



City Council Application

NAME: _____

ADDRESS: _____

PHONE : _____ QUALIFIED ELECTOR: YES NO

EMAIL ADDRESS: _____

NUMBER OF YEARS AS A GREAT BEND RESIDENT: _____ CITY COUNCIL WARD: _____

BRIEF DESCRIPTION OF YOUR BACKGROUND AND EXPERIENCE (YOU MAY ATTACH A RESUME):

EXPLAIN WHY YOU ARE INTERESTED IN SERVING ON CITY COUNCIL:

LIST COMMUNITY/CIVIC ASSOCIATIONS IN WHICH YOU ARE INVOLVED:
