



**Village of Wellington**  
**Committee/Task Force**  
**Membership Application Form**  
**(Please print or type)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Profession: \_\_\_\_\_

Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

1. Is there a specific Advisory Committee or Task Force you are interested in serving on?

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

2. Briefly state the reasons why you feel your appointment to this committee would be beneficial to the Village. Please include relevant education, academic achievements and/or experience.

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

3. Are you willing and able to attend meetings on a regular basis? \_\_\_\_\_

Day Meetings: Yes \_\_\_\_\_ No \_\_\_\_\_

Evening Meetings: Yes \_\_\_\_\_ No \_\_\_\_\_

Please feel free to attach an extra sheet or resume. Return the completed form to:

Village of Wellington  
14000 Greenbriar Boulevard  
Wellington, FL 33414  
Telephone: 561-791-4784 Fax: 561-793-1295  
Attn: Rachel R. Callovi