Profile	1					
Prefix	First Name		Middle Initial	Last Name		Suffix
Email Addres	S					
Street Addre	SS				Suite or Apt	
City					State	Postal Code
	listrict do you	live in? *				
None Se	elected					
Primary Phor	ne	Alternate P	hone			
Are you	u a year-round	l resident?				
o Yes	O No					
If no, v	which months a	are you away	?			
Employer		 Occupation	1			
Employ	er's Address					
Which	Boards would	vou like to a	nnly for?			
		you like to a	рргу тог.			
None Se	elected					
Intere	sts & Experie	nces				
	list any gover tly serve:	nmental Adv	isory Boa	irds or Con	nmittees on	which you
Acader	nic: Degrees, I	Diplomas				

Professional: Certifications
Knowledge: Training, interest, or experience
Community Involvement: List organizations/positions
Organizations: Memberships
Upload a Resume
Certification
Please acknowledge your understanding of the following statement:
I understand that in accordance with the Florida Sunshine Law, this information may be made public. I understand that the appointment is for voluntary, uncompensated service. If appointed, I agree to faithfully and fully perform the duties of my office, will make every endeavor to serve my full term and will comply with all laws and ordinances of the City, County and State of Florida, particularly those pertaining to the conduct of public officials and the financial disclosure requirements, if applicable to my position.
□ I Agree *