



B E R R I E N C O U N T Y

A Full Service Community

3000 Washington Avenue
P.O. Box 147
St Joseph, MI 49085

Telephone: (269) 429-7703
Fax: (269) 429-2079

Application/Reapplication for St. Joseph Charter Township Appointment

Name: _____ Occupation/
(Please print) Profession: _____

Home Address: _____
Street Address City State Zip

Telephone: (Home) _____ (Work) _____

Cell Phone: _____ Email: _____

1. Applying/Reapplying For: _____

2. Are you a St. Joseph Charter Township resident? YES NO

3. Are you a registered voter in St. Joseph Charter Township? YES NO

4. Are you presently delinquent on your property taxes? YES NO

5. Have you ever been convicted of a felony? YES NO

6. Why would you like to be appointed or re-appointed?

7. What skills would you bring to this position? (i.e., education, certification, life skills)

8. List membership or participation on other governmental committees, boards, or community organizations, etc.

Signature

Date

Please complete this form in its entirety and return to St. Joseph Charter Township Manager, 3000 Washington Ave., St. Joseph, MI 49085, Fax: (269) 429-2079. If additional space is necessary, please attach additional sheets. Please Note: Applications remain valid for one year from date of submission. If you have questions, please call (269) 429-7703, ext. 1266.