



**NORTH MIAMI**  
**F L O R I D A**  
CITY OF NORTH MIAMI BOARD APPLICATION

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

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Name/Employer: \_\_\_\_\_

Current Position: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Where should we send your mail? Home:      Business:

Are you a resident of the state of Florida? Yes      No

Do you reside in North Miami? Yes      No

Please check the board(s) on which you are interested in serving as a member:

- |  |   |
|--|---|
| <input type="checkbox"/> Advisory Committee for Disabled                   | <input type="checkbox"/> Museum of Contemporary Art Board of Trustees |
| <input type="checkbox"/> Affordable Housing Committee                      | <input type="checkbox"/> Nuisance Abatement Board                     |
| <input type="checkbox"/> Board of Adjustment                               | <input type="checkbox"/> Parks & Recreation Commission                |
| <input type="checkbox"/> Business Development Board                        | <input type="checkbox"/> Personnel Board                              |
| <input type="checkbox"/> Charter Board                                     | <input type="checkbox"/> Planning Commission                          |
| <input type="checkbox"/> Community Relations Board                         | <input type="checkbox"/> Quality Education Advisory Board             |
| <input type="checkbox"/> Community Redevelopment Agency Advisory Committee | <input type="checkbox"/> Senior Citizens' Advisory Board              |
| <input type="checkbox"/> Disaster Preparedness Committee                   | <input type="checkbox"/> University Relations Board                   |
| <input type="checkbox"/> Floodplain Management Committee                   | <input type="checkbox"/> Youth Opportunity Board                      |
| <input type="checkbox"/> Library Board                                     |   |

Note: Please submit your completed application to the Office of the City Clerk. Application is effective for one year from date of completion. If you have any questions on the above, please call the Office of the City Clerk at 305.895.9817, or send via fax: 305.899-0497.

Pertinent education or relevant technical skill: \_\_\_\_\_

Employment history (Please include last 3 employers, position and years served):

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Present or prior service in governmental boards and committees: \_\_\_\_\_

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Describe your professional and/or volunteer experience or background that would best qualify you for an appointment to the Board/Committee/Commission you have selected:

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If you are applying for a Board/Committee/Commission that has specific requirements, please detail how your background and/or experience meets the required criteria:

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If not selected for the Board/Committee/Commission indicated above, please list any additional Boards/Committees/Commissions for which you would like your application submitted. (Please rank in order of preference):

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

If appointed to serve, a Financial Disclosure Form is required, upon appointment, annually and upon resignation/retirement.

If proof of residency is required by your Board/Committee/Commission, please provide a utility bill and/or a lease.

If proof of ownership/interest in a business in North Miami is required, please provide a current certificate of use and/or a business tax receipt.

Have you ever been convicted of a felony? Yes      No

Do you currently have a violation(s) of North Miami codes? Yes      No

If yes to either one of the questions above, please explain in detail: \_\_\_\_\_

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I hereby attest to the accuracy and truthfulness of the application. I certify under oath, and penalty of perjury, that all information shown above is true and correct. I do understand that any appointment to a Board/Committee/Commission obtained on a misrepresentation of a material fact shall be null and void.

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