

IONIA COUNTY

Application for Committee or Board Position

Name: _____

Address: _____

Telephone Number: _____

Board, Council, or Committee Position Desired: **Ionia County Substance Abuse Advisory Board Position**

Please give a brief resume of your qualifications for the desired position.

Signature

Please return application to:

Ionia County Administration Office
3rd Floor – Courthouse
100 Main Street
Ionia, MI 48846