DATE: _____

City of Aurora
Board/Commission
Candidate Form

NAME_____

HOME
ADDRESS_____

CITY_____STATE_____ZIP_____

EMAIL_____

COMPANY_____

COMPANY ADDRESS_____

CITY_____STATE_____ZIP_____

PHONE(HOME)_____(WORK)_____(CELL)_____

ORGANIZATIONAL AFFILIATIONS _____

_____

TALENTS/SKILLS_____

_____

WHY DO YOU WISH TO BE A BOARD MEMBER?_____

_____

_____

Please include a resume. Additional information can also be included if desired.

Return to *Toshia Moss, Mayor's Office* at 630-256-3019 or e-mail to tmoss@aurora-il.org.