



Borough of Ambridge
600 Eleventh St.
Ambridge, Pa 15003

BOARD MEMBER APPLICATION

STATEMENT OF QUALIFICATIONS APPOINTMENTS, BOARDS & COMMISSIONS

NAME: _____

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

POSITION OF INTEREST: _____

REASON FOR MY INTEREST: _____

QUALIFICATIONS: _____

By signing this application, I certify that all information given is true and correct and that I give permission for a background check. I understand that any false information given will disqualify me.

Signature of Applicant

Date