

THE CORPORATION OF THE TOWNSHIP OF MANITOUWADGE

## **APPLICATION FOR APPOINTMENTS TO THE**

## MANITOUWADGE ANNIVERSARY COMMITTEE

Date:	
Name:	
Address:	
(Street Address)	(PO Box No.)
Telephone:	
Email Address:	
REASON FOR SEEKING APPOINTMENT:	
As per Council's direction, six (6) community n Please provide any additional information whic your application (if more space is required, ple	ch may be helpful to Council when considering
Please return your completed application by 12	2 noon on Thursday, March 14, 2024 to:

Joleen Keough, Clerk Township of Manitouwadge 1 Mississauga Drive, PO Box 910 Manitouwadge, ON POT 2C0 Email: clerk@manitouwadge.ca