



TOWN OF OAK BLUFFS

APPLICATION FORM

COMMUNITY DEVELOPMENT COUNCIL

Name: _____

Address (winter): _____

Telephone _____ Email _____

Address (summer, if not year round) _____

Telephone _____ Email _____

Interests and experience that I could bring to the Community Development Council:

Community Concerns: _____

Other: _____

Best Day of week for meeting

Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>

Best time for meeting

<input type="checkbox"/>	AM
<input type="checkbox"/>	PM