

# APPLICATION FOR MEMBERSHIP:

(Fillable Form OR Print Form and Hand Print Responses – Attach Resume if Desired)



NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CITY/ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

Are you a City resident? \_\_\_\_\_

If yes, how long? \_\_\_\_\_

Are you a registered voter? \_\_\_\_\_

For Civil Service Commission **ONLY**: Political Affiliation: \_\_\_\_\_

*(Required per LSMC §2.68.020 C: At the time of appointment, not more than two civil service commissioners shall be adherents of the same party.)*

NAME/ADDRESS OF EMPLOYER (and type of business): \_\_\_\_\_

EDUCATIONAL BACKGROUND (including year graduated and degrees): \_\_\_\_\_

\_\_\_\_\_

PROFESSIONAL EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ORGANIZED AFFILIATIONS: \_\_\_\_\_

\_\_\_\_\_

WHY ARE YOU SEEKING APPOINTMENT? \_\_\_\_\_

\_\_\_\_\_

WHAT QUALITIES DO YOU POSSESS THAT WOULD ENABLE YOU TO FULFILL THE POSITION? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

Please return completed application to:

City of Lake Stevens  
Attn: Deputy City Clerk  
1812 Main Street, P.O. Box 257  
Lake Stevens, WA 98258  
OR: [deputycityclerk@lakestevenswa.gov](mailto:deputycityclerk@lakestevenswa.gov)  
425.334.1012