



# TOWN OF SAINT ANDREWS

## ADVISORY COMMITTEE APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please select a Committee(s):

- Recreation Advisory Committee
- Cultural Asset Advisory Committee
- Environment Advisory Committee
- Community Growth Advisory Committee
- Wharf Advisory Committee
- Age-Friendly Community Committee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

