

Town Clerk  
4601 E. Oak Island Dr.  
Oak Island, NC 28465  
Telephone 910-201-8004  
lstites@oakislandnc.gov

# TOWN OF OAK ISLAND COMMITTEE APPLICATION Business Advisory Board



Terms on advisory boards are staggered, so these initial terms will be set up for one year, two years, or three years.  
Please indicate if you have a preference for term length: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
(Street) (City) (Zip Code)

Mailing Address if different: \_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Years resident of Oak Island: \_\_\_\_\_

Do you have a family member employed by Town of Oak Island? If yes, name: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_

In accordance with the Town of Oak Island Personnel Policy, a person currently employed by the agency or department for which this application is made must resign his/her position with Oak Island upon appointment. Furthermore, the applicant should have no immediate family member employed by such agency or department.

Occupation: \_\_\_\_\_

Relevant Professional Activities: \_\_\_\_\_

Relevant Volunteer Activities: \_\_\_\_\_

Why do you wish to serve on this board/committee?

**Conflict of Interest:** If a board member believes he/she has a conflict or potential conflict of interest on a particular issue, that member should state this belief to the other members of his/her respective board during a public meeting. The member should state the nature of the conflict, detailing that he/she has a separate, private, or monetary interest, either direct or indirect, in the issue under consideration. The member should then excuse himself/herself from voting on the matter.

What areas of concern would you like to see addressed by this committee?

Qualifications for serving:

Qualifications: What knowledge, skills, experience or other abilities do you have to contribute?

Other Oak Island boards/committees on which you have or are serving:

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

Applications are kept on file for 12 months

Please use reverse side for additional comments

Signature \_\_\_\_\_

I understand that any board or committee appointee may be removed without cause by a majority of Town Council.

Please provide references' contact information on Page 2.

**List three personal references and phone numbers:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_