CERTIFIED LOCAL GOVERNMENT PROGRAM
HISTORIC PRESERVATION COMMISSION MEMBER FORM
for the
Historic Preservation Commission

1. Name: ___________________________ Date: _____________

2. Address: ____________________________________________

3. Telephone Number: __________________ Email: _____________

4. Education: Colleges/universities attended with degrees, areas of study and dates completed.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

5. Occupation: __________________________________________

6. Positions and/or work experience.
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

7. Local history/historic preservation activities (publications, committee work, etc.)
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________

8. Community and other activities:
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________