



**TOWN OF MADISON  
NEW HAMPSHIRE**

1923 VILLAGE ROAD  
PO BOX 248  
MADISON, NH 03849-0248

OFFICE: 603-367-4332 Ext 300  
FAX: 603-367-4547

OFFICE HOURS: M, T, W, TH  
8 AM - 4 PM  
[www.madison-nh.org](http://www.madison-nh.org)

**Boards – Commissions – Committees**

I am interested in serving on Madison's: (may select more than one)

- |  |   |
|--|---|
| <input type="checkbox"/> Advisory Budget Committee | <input type="checkbox"/> Madison PEG TV             |
| <input type="checkbox"/> Conservation Commission   | <input type="checkbox"/> Planning Board             |
| <input type="checkbox"/> Heritage Commission       | <input type="checkbox"/> Recreation Committee       |
| <input type="checkbox"/> Highway Safety Committee  | <input type="checkbox"/> Solid Waste Advisory       |
| <input type="checkbox"/> Inspectors of Elections   | <input type="checkbox"/> Zoning Board of Adjustment |
| <input type="checkbox"/> Library Trustee           | <input type="checkbox"/> Other _____                |

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

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

Mailing Address, if different: \_\_\_\_\_

Telephone # \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

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

Present business affiliation or occupation \_\_\_\_\_

Education, special training or experience \_\_\_\_\_

Are you a member of any other board, commission or committee for the Town of Madison?  
\_\_\_ Yes \_\_\_ No. If so, which one: \_\_\_\_\_

If appointed, what are your goals or objectives? \_\_\_\_\_  
\_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

The completed form will be reviewed by the Board of Selectmen and the appropriate department head(s). The filing of this form does not assure appointment. Citizens deemed most qualified to serve in a particular capacity will be considered for all vacancies.

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