

**LOWELL ADVERTISING AND PROMOTION COMMISSION**  
**APPLICATION**

**To volunteer for the Lowell Advertising and Promotion Commission**

**All blanks must contain an entry. Incomplete applications will be rejected.**

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

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

Phone Number: \_\_\_\_\_

When is the best time to reach you? \_\_\_\_\_

Are you the owner or general manager of a tourism related business? \_\_\_\_\_

If yes, which one(s): \_\_\_\_\_

Are you a legal resident of Lowell? \_\_\_\_\_ For How Long? \_\_\_\_\_

Are you a qualified elector (registered voter) of Lowell? \_\_\_\_\_

Work history and/or education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you think the city would benefit by having you serve in this position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever served on a commission or committee with the city? \_\_\_\_\_ If so, when

And which commission? \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above statements are true under penalty of perjury.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Commission and City Council members will contact**

**You prior to the vote on your nomination.**

Applicants are encouraged to attach any additional information.

All applicants are subject to a background check.