Town of Truro

COMMITTEE VOLUNTEER APPLICATION - 2005

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE NUMBER: BUS: _____

RES: _____

EMAIL: _____

COMMITTEES OF INTEREST

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

5th Choice _____

Please note on reverse any additional information that may be of assistance.

Please return to: **Administration Office**
Town of Truro
PO Box 427
Truro, NS B2N 5C5

Fax: 893-0501

On or before May 20th, 2005