

**MCEDD BUDGET COMMITTEE  
INTEREST FORM**

The purpose of this form is to assist the MCEDD Executive Committee, Board and staff in evaluating the qualifications of an applicant for appointment to the MCEDD Budget Committee. This is an unpaid position for a three year period. All forms will be reviewed and provided to the MCEDD Board of Directors for appointment. **For consideration of appointment, complete the entire form and return by 5 pm on March 1, 2019 to:**

*MCEDD, 515 East Second Street, The Dalles, OR 97058  
appointments@mcedd.org  
For questions call 541-296-2266.*

**PERSONAL DATA**

Preferred Mailing Address: Home  Business

Preferred Title \_\_\_\_\_ (e.g. Mr, Mrs, Ms, Dr, etc.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_

Cell Phone (optional) (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

**EDUCATION**

Schools attended, including high school. *A current resume may be substituted for this section.*

School	City & State	Dates	Degree/Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

