IDAHO FALLS
PARKS & RECREATION

a program for everyone

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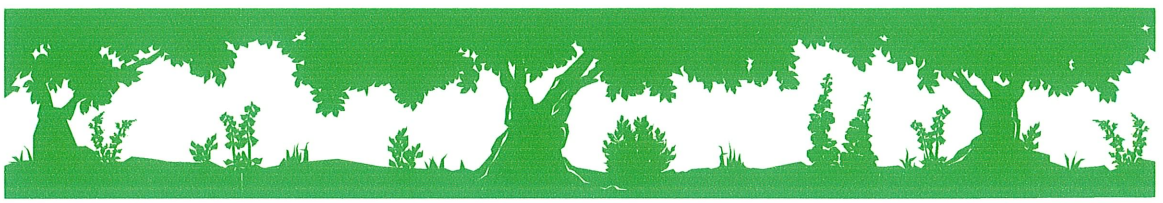
City of Idaho Falls
Parks & Recreation
Shade Tree Committee



Applicant _____ Phone _____

Street _____ City _____ Zip _____

1. Are you a resident of the City of Idaho Falls? Yes No

2. How long have you lived in the City? _____

3. Why are you interested in serving on the Shade Tree Advisory Committee?

_____

_____

_____

4. Are there affiliations of community organizations that you represent or are a member of that can benefit the goals and objectives of the Shade Tree Advisory Committee?

_____

_____

_____

5. Will you be able to attend meetings normally scheduled every month? Yes No
(meetings are generally held the last Tuesday of each month at 1:00 p.m.)

6. What contribution(s) do you feel you can make for the benefit of the Shade Tree Advisory Committee?

_____

_____

_____