

CITIZENS ACADEMY APPLICATION

First Name: _____ Last Name: _____

Preferred Name: _____

Address: _____

Phone: _____ Email: _____

Are you 18 or older? YES NO

Do you own a business in Harrisburg? YES NO

If yes, name of business: _____

HOW LONG HAVE YOU LIVED OR OWNED A BUSINESS IN HARRISBURG?

WHAT IS YOUR COMMUNITY SERVICE / INVOLVEMENT HISTORY WITH HARRISBURG?

(Include service with a board, committee, volunteer activities, etc.)

WHY ARE YOU INTERESTED IN THE HARRISBURG CITIZENS ACADEMY?

Are you available for weekly sessions? YES NO

Do you agree to let the Town of Harrisburg use your name, photo and quotes for future

promotion of the Citizens Academy? YES NO

SIGNATURE AND SUBMISSION

By signing below, I agree to attend one Council meeting and 75 percent of Academy sessions.

Applicant Signature: _____ Date: _____

Please mail, hand-deliver OR email your application to Town Hall.

Town Hall - Attn: Citizens Academy

4100 Main St, Suite 101

Harrisburg, NC 28075

llover@harrisburgnc.org