

**Advisory Committee Membership Application**

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| Full Name:       |
| Phone Number:       | Organizational affiliation (if any):       |
| Email Address:      | Address:      |
| Age:      | How many years have you lived in Marlborough        |
| What do you like most about living in Marlborough?      |
| Why are you interested in participating in the Advisory Committee for Marlborough’s Greater Together Community Fund?      |
| What talents or skill sets would you bring as an advisory committee member?       |
| Have you been involved in town or school activities? Please list any groups, organizations or clubs you have been involved with and describe your role.      |
| Is there anything else that you would like to share with us?      |

PLEASE NOTE:

To submit an application for the Marlborough Community Fund Advisory Committee, please email to communityfund.marlborough@gmail.com.

If applicant is between the ages of 14 – 17 parent or legal guardian permission is required to be considered. Please download the parent consent form at [www.hfpg.org/marlboroughcf](http://www.hfpg.org/marlboroughcf) , complete and email to: communityfund.marlborough@gmail.com.

**The deadline for application is June 15, 2022.**

If you have any questions, please email the committee at communityfund.marlborough@gmail.com