

**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](mailto: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](mailto: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](mailto:communityfund.marlborough@gmail.com)