

Community Service Application

FOR MEMBERSHIP ON THE EAST BELLEVUE BALLOT MEASURE ARUGMENT COMMITTEEE

STATEMENT FOR CONTINUATION

STATEMENT AGAINST CONTINUATION

Name			Home Phone #	
Address			Work Phone #	
Email:		Resident of East Bellevue □ Yes □ No		
			Length of Residency	
1.	Please list your educational background.			
2.	2. Please provide your occupational background.			
3.	3. Describe your involvement in the East Bellevue community.			
4.	4. Describe your leadership roles and/or any special expertise you have which would be applicable to the role for which you are applying.			
5.	Describe why you are interested in serving on this committee.			
-	ppointment to Argument Committee will require substates than August 15, 2013.	mittal of y	your statement to King County Elections	
Pl	ease return this application by the deadline to:	For fur	ther information, please call:	
	City of Bellevue City Clerk's Office P.O. Box 90012	(425) 4 Fax	252-6466 (425) 452-2734	

Thank you for taking the time to fill out this application. Volunteers play a vital role in the Bel*levue* government. We appreciate your interest.

Bellevue, WA 98009=9012