

The Corporation of the Town of Cochrane
Committee Application Form

Name: _____

Residence Address: _____

Mailing Address: _____

Telephone: _____

Email: _____

Dear Mayor and Council, I wish to let my name stand for consideration to the following committees (please check any):

- Cochrane Parks and Recreation Advisory Committee
- Special Events Sub-Committee

Please forward completed form by fax to 272-6068 or via email to alice.mercier@town.cochrane.on.ca