



VILLAGE OF ESTERO
PLANNING AND ZONING BOARD
MEMBERSHIP APPLICATION

Name: _____

Address: _____

Community: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Year-round Resident: ___ Snowbird: ___ Annual months in Estero: _____

Years as Estero Resident: _____

Employed: _____ Retired: _____

Monthly Hours Available for Community Service: _____

Qualifications for Planning and Zoning Board: _____

Educational Background: _____

Relevant Professional Work Experience/Training: _____

Prior Community Service: _____

Please explain what you hope to achieve in this position: _____

Please supplement this application by submitting a copy of your resume.

Signature _____ Date _____

Thank you for your interest in serving the Village of Estero