

Erath County Appraisal District
Application for Appraisal Review Board Member

Name: _____ Date: _____

Home Address: _____

Occupation: _____ Email: _____

Phone
Home: _____ Work: _____ Cell: _____ Fax: _____

THE FOLLOWING MUST BE COMPLETED BEFORE THIS APPLICATION WILL BE CONSIDERED

Please list volunteer committees or activities in which you have served: _____

Please list organizations in which you hold membership: _____

Please list any professional licenses or certifications which you hold: _____

How will your past experiences contribute to your service as a board member: _____

Board service requires your participation. Are you in a position to give your time as required: ___ Yes ___ No

Please submit 2 references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Signed: _____