



CITY OF FORT PIERCE

100 NORTH US HWY 1
FORT PIERCE, FLORIDA 34950
(772) 467-3066 FAX (772) 467-3841

APPLICATION FOR APPOINTMENT/REAPPOINTMENT

Name of Board or Boards for which you are applying: Keep Fort Pierce Beautiful

Name: <u>Martha Wright</u>		Phone: <u>772-461-7351</u>	
Home Address: City/Zip Code: <u>1209 Kentucky Ave. Ft. Pierce, 34950</u>		How long at this address? <u>50+ years</u>	
Are you a citizen of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Occupation: <u>Retired</u>			
Do you own a business that operates within the City of Fort Pierce? If yes, list the address and nature of said business:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you now or in the future plan to do business with the City of Fort Pierce? If yes, in what capacity?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you employed by a business that is located within the City of Fort Pierce? If yes, state the business and location:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you have special training or knowledge in the area of: Architecture: <input type="checkbox"/> Yes <input type="checkbox"/> No Engineering: <input type="checkbox"/> Yes <input type="checkbox"/> No Real Estate Brokering: <input type="checkbox"/> Yes <input type="checkbox"/> No Contracting: <input type="checkbox"/> Yes <input type="checkbox"/> No Land Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Other: <u>Education</u> Describe your education, background, training and knowledge in the above area(s): <u>Masters Degree Classroom Teacher Program Specialist where I coordinated with teachers and administrators to implement federal and state programs for students.</u>			
Are you currently a member of a Commission-appointed board/committee? If yes, please specify:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Keep Fort Pierce Beautiful</u>			
Have you ever been convicted of a felony? If yes, what was the nature of the crime(s) you were convicted of:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Referred by:		Applicant Email Address:	
Date: <u>03-20-18</u>	Applicant's Signature <u>Martha Wright</u>		

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.
Please return form to: City Clerk's Office – 100 North US Hwy 1, Fort Pierce, Florida 34950
fax (772) 467-3841 or via email at lcox@city-ftpierce.com