

# Print

## Application For Appointment/Reappointment - Submission #22745

Date Submitted: 8/30/2024

Name of Board or Boards for which you are applying:\*

Arts and Culture Advisory Board

Name:\*

Mark Newman

Home Address:\*

1203 Avenue k Apt B

City:\*

Fort pierce

State:\*

FL

Zip:\*

34953

How long at this address?\*

3 months

Telephone Number\*

8048220667

If less than two years, provide prior address:

350 SE Guava Terrace Port St. Lucie Florida

Are you a citizen of the United States? \*

Yes

No

Occupation: \*

Membership Coordinator

**Employer:\***

Treasure Coast Builders Association

**Do you own a business that operates within the City of Fort Pierce?\***

- Yes
- No

**If yes, list the address and nature of said business:**

**Do you now or in the future plan to do business with the City of Fort Pierce or the Fort Pierce Utilities Authority(FPUA)?\***

- Yes
- No

**If yes, in which organization and in what capacity?**

They are my utility company but I want to collaborate with them with TCBA

**Are you employed by a business that is located within the City of Fort Pierce?\***

- Yes
- No

**If yes, state the business and location:**

Treasure Coast Builders Association

**Do you have special training or knowledge in the area of:**

**Engineering:\***

Yes

No

**Architecture:\***

Yes

No

**Real Estate Brokering:\***

Yes

No

**Finance/Accounting:\***

Yes

No

**Contracting:\***

Yes

No

**Land Development:\***

Yes

No

**Utilities:**

Yes

No

**Management:\***

Yes

No

**Describe your professional background and what expertise you will bring to this Board. (Attach your resume or other applicable information below if desired) \***

I have never been a part Of a board, but I want to help make Fort Pierce a better place. I have a lot of connections with builders and many other companies within the builders association that could benefit the community

**Are you currently a member of a Commission-appointed board/committee?\***

Yes

No

**If yes, please specify:**

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**Have you ever been convicted of a felony?\***

Yes

No

If yes, what was the nature of the crime(s) you were convicted of:

If appointed, are you willing to attend a training session which could last several hours?\*

Yes

No

Referred by:\*

Applicant Email Address:\*

Date:\*

Applicant's Signature:\*

APPLICATIONS EXPIRE 6 MONTHS FROM THE DATE OF SUBMISSION. PLEASE REAPPLY AS OFTEN AS DESIRED.

For additional information, please contact the City Clerk's Office at 772.467.3065 or email [lcox@cityoffortpierce.com](mailto:lcox@cityoffortpierce.com).

Upload Resume (Optional)

No file chosen