

City of Rockaway Beach, Oregon

276 S. Highway 101, PO Box 5
Rockaway Beach, OR 97136
(503) 374-1752 FAX (503) 355-8221



**RESUME FORM FOR CONSIDERATION BY MAYOR AND COUNCIL
(PLEASE PRINT)**

Name: _____ Date: _____

Mailing Address: _____ City _____ State _____ Zip _____

Street Address: _____ City _____ State _____ Zip _____

Telephone: _____ Cell Phone: _____

E-mail Address: _____

Registered voter in Rockaway Beach? Yes No Precinct: _____

How long have you resided in Rockaway Beach? _____

What background or experience do you have that would make you an effective member of the Budget Committee?

Why would you like to serve on the Budget Committee?

Are you willing to commit to a busy budget meeting schedule of one meeting per week between March and June and several scheduled meetings during the remainder of the year? Yes No

Signature: _____ Date: _____