

# Wrightsville Borough Municipal Authority Board Member Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Please state why you feel you would be an asset as a Board Member of the  
Municipal Authority?

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Do you have any skills/knowledge involving water and sewer services or  
business operations?

\_\_\_\_\_ No

\_\_\_\_\_ Yes, please provide any details. \_\_\_\_\_

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