



## CAPC Commissioner Application

To volunteer for the City Advertising and Promotion Commission,  
All blanks must contain an entry. Incomplete applications will be rejected.

All Fields Required. If field does not apply, enter NA.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

When is the best time to reach you?: \_\_\_\_\_

Are you the owner or general manager of a tourism related business?: \_\_\_\_\_

If Yes, which one(s)?: \_\_\_\_\_

Are you a legal resident of Eureka Springs?: \_\_\_\_\_

Are you a qualified elector (registered voter) of Eureka Springs?: \_\_\_\_\_

Work history and/or education:

\_\_\_\_\_

\_\_\_\_\_

How do you think the city would benefit by having you serve in this position?:

\_\_\_\_\_

\_\_\_\_\_

Have you ever served on a commission or committee with the city?: \_\_\_\_\_

If so, when and which commission?:

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above statements are true under penalty of perjury.

Typing your name in the signature field below is just as legal and binding as a real signature on a document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional information file attached: \_\_\_\_\_

(Filename(s) of the document(s) you will submit.)

**Commission and City Council members will contact  
you prior to the vote on your nomination.**

Applicants are encouraged to attach any additional information.  
All applicants are subject to a background check.