**CERTIFIED LOCAL GOVERNMENT PROGRAM**

**HISTORIC PRESERVATION COMMISSION MEMBER FORM**

*for the*

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1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Address: .

3. Telephone Number: .

4. Education: Colleges/universities attended with degrees, areas of study and dates completed.

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5. Occupation: .

6. Positions and/or work experience.

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7. Local history/historic preservation activities (publications, committee work, etc.)

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8. Community and other activities:

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