



# TOWN OF MONTREAT

96 Rainbow Terrace

P. O. Box 423

Montreat, NC 28757

Phone: (828) 669-8002

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## Audit Committee Membership Application

Full Legal Name: \_\_\_\_\_  
(Last) (First) (Middle)

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

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

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Please explain why you want to be a member of the Audit Committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain how you believe that your participation on the Audit Committee could assist the Town Council in fulfilling their fiduciary duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any abilities, skills, specialized training or interest you have which are applicable to this Committee (please especially note if you are a CPA):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We anticipate that the Audit Committee will meet at least 4 times per year. Are you able to fulfill this obligation?

Yes \_\_\_\_\_

No \_\_\_\_\_