



TOWN OF MONTREAT

P. O. Box 423
Montreat, NC 28757
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www.townofmontreat.org

AUDIT COMMITTEE MEMBERSHIP APPLICATION

Full Legal Name: _____
(Last) (First) (Middle)

Physical Address: _____

Mailing Address: _____

Home Phone: _____ Alternate Phone: _____

Email Contact Information: _____

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