



CITY OF POMPANO BEACH, FLORIDA
SISTER CITY ADVISORY BOARD APPLICATION

Post Office Drawer 1300
Pompano Beach, Florida 33061

Phone: (954) 786-4611
Fax: (954) 786-4095
Email: pompanobeachfl.gov

IN ORDER TO ASSIST THE CITY COMMISSION IN MAKING ADVISORY BOARD APPOINTMENTS, THE FOLLOWING INFORMATION IS REQUESTED:

NAME OF APPLICANT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

HOME #: \_\_\_\_\_ CELL #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

ARE YOU A POMPANO BEACH RESIDENT? YES: \_\_\_\_\_ NO: \_\_\_\_\_

IF YES, PLEASE INDICATE DISTRICT IN WHICH YOU LIVE: 1\_\_ 2\_\_ 3\_\_ 4\_\_ 5\_\_

DO YOU OWN REAL PROPERTY IN POMPANO BEACH? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DO YOU OWN A BUSINESS IN POMPANO BEACH? YES: \_\_\_\_\_ NO: \_\_\_\_\_

ARE YOU A REGISTERED VOTER? YES: \_\_\_\_\_ NO: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A FELONY IN FLORIDA, OR ANY OTHER STATE, WITHOUT YOUR CIVIL RIGHTS HAVING BEEN RESTORED? YES: \_\_\_\_\_ NO: \_\_\_\_\_

BUSINESS OR OCCUPATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_ BUSINESS FAX #: \_\_\_\_\_

ARE YOU PRESENTLY SERVING ON ANY OTHER CITY BOARD OR COMMITTEE? \_\_\_\_\_

IF YES, PLEASE LIST NAME: \_\_\_\_\_

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

HAVE YOU EVER SERVED ON A CITY OF POMPANO BEACH BOARD/COMMITTEE? \_\_\_\_\_

IF YES, PLEASE STATE NAME OF BOARD OR COMMITTEE: \_\_\_\_\_

BELOW PLEASE LIST BACKGROUND INFORMATION WHICH YOU FEEL WOULD QUALIFY YOU TO SERVE ON THIS COMMITTEE AND / OR ATTACH A RESUME. *Please make sure to describe familiarity with countries outside the United States, with a special emphasis on Latin American countries. Information should include but not be limited to: knowledge of government, knowledge or background with major industries and business climate, knowledge of culture and language, etc.*

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LANGUAGES SPOKEN (READ-WRITE-TRANSLATE) \_\_\_\_\_

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EDUCATION: \_\_\_\_\_

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CURRENT POSITION: \_\_\_\_\_

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PAST POSITIONS: \_\_\_\_\_

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**MAKING ANY FALSE STATEMENTS HEREIN MAY BE CAUSE FOR REMOVAL BY THE CITY COMMISSION.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
BOARD SECRETARY OR CITY CLERK

\_\_\_\_\_  
DATE RECEIVED OR CONFIRMED

**NOTE: You may also attach a resume or letter with additional information, if you desire.**