



Memorial Auditorium Advisory Board

APPLICATION FOR APPOINTMENT

Note: Your application will be copied for the City Commission and made available to the press and public.

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I am a current member seeking reappointment to the Board.

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I am seeking a first term as a member of the Board.

Name: _____

Home Address: _____

Mailing Address: _____

Occupation: _____

Business Address: _____

Home Telephone: _____

Business Telephone: _____

E-mail: _____

Are you a resident of Pittsburgh? ____ If yes, how long have you lived in Pittsburgh: _____

Current occupation (within last 12 months): _____

Business interest in the last 12 months: _____

Previous Committee/Commission Experience: _____

Education/Experience: A resume may be attached containing this and any other information that would be helpful in evaluating your application. _____

Professional and/or community service activities: _____

Please explain your reasons for wishing to serve on this committee/commission and how you feel that you may contribute: _____

The Memorial Auditorium Advisory Board meets at Memorial Auditorium at 4:00 p.m. on the 2nd Wednesday of every other month. Appointment to this position may require you to file a Conflict of Interest Disclosure Statement, which is a public record.

Signature of Applicant: _____

Date: _____

If you have any questions regarding the appointment procedure, please contact the Deputy City Clerk by phone at (620)230-5680 or by email at jacob.bennett@pittks.org

Please return your completed application by **Noon** on **November 23th, 2026**.

Applications may be submitted:

1. By mail: The City of Pittsburg
Attn: Deputy City Clerk
PO Box 688
Pittsburg, Kansas 66762
2. In person at City Hall (201 West 4th Street), or
3. By email to jacob.bennett@pittks.org