



ENROLLMENT APPLICATION

PLEASE PRINT OR TYPE

(Applicant must be 18 years of age and have lived in Addison for at least one year; incomplete and/or unsigned applications will not be considered.)

NAME (LAST/FIRST/MIDDLE) _____ DATE OF BIRTH _____

STREET ADDRESS _____ HOME PHONE _____

CITY/STATE/ZIP _____ TX DRIVERS LICENSE NO. _____ WORK PHONE _____

E-mail: _____ Resident of Addison as of _____ (month/year)

Emergency Contact: _____
Name Relationship Phone No

PLEASE INDICATE ANY PRIOR CIVIC INVOLVEMENT WITH THE TOWN OF ADDISON

WHY DO YOU WISH TO PARTICIPATE IN THE ADDISON CITIZENS ACADEMY?

WHAT DO YOU EXPECT TO LEARN FROM THIS COURSE?

PRESENT EMPLOYER _____ YOUR TITLE _____

ADDRESS _____ TELEPHONE _____

HOW DID YOU FIND OUT ABOUT THE CITIZENS ACADEMY?

TOWN HALL MEETING _____ WEB SITE _____ NEWSLETTER _____ FACEBOOK _____

WERE YOU RECOMMENDED OR ADVISED TO APPLY FOR ENROLLMENT IN THE ADDISON CITIZENS ACADEMY? YES NO

IF SO, BY WHOM? _____

I understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the Addison Citizens Academy. I understand there is a \$50 non-refundable charge for the Academy and, if selected for enrollment, pledge the time commitment to attend all required sessions.

APPLICANT SIGNATURE _____ DATE _____

Return completed application and a \$50 check (payable to the Town of Addison) to: Caitlan Smelley, City Manager's Office, PO Box 9010, Addison, TX 75001