



# MARGATE CITIZENS ACADEMY

## CLASS OF 2017 APPLICATION

**Please return applications to the City Manager's Office**  
**US Mail/Hand Deliver: 5790 Margate Boulevard, Margate, FL 33063**  
**Email: [citymanager@margatefl.com](mailto:citymanager@margatefl.com)**

### APPLICANT PROFILE

Applicant Name:		Today's Date:	
Mailing Address:	City:	State:	Zip:
Phone Number:	Email Address:		
Are you a City of Margate Resident:	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many years have you lived in Margate:	
Business Owner in the City of Margate:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Business (if applicable):	

### ADDITIONAL INFORMATION

Tell us about yourself (organization memberships, special interests, education, etc.):

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Have you served on a City of Margate Board or Committee? If so, which?

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Why would you like to participate in Margate Citizens Academy?

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What are some of the topics you would like the City to cover during the Margate Citizens Academy?

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How did you hear about Margate Citizens Academy?

*I certify that the above information is true and accurate. I will devote the time necessary to meet graduation requirements by attending at least six (6) of the eight (8) sessions. I will, to the best of my ability, act as an ambassador by sharing my knowledge with other Margate residents. I also understand that in accordance with the Florida Public Records Act, information provided in this application is part of the public records retained by the City of Margate.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Date Received:	Reviewed By:	Approved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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