



Aberdeen Main Street
60 N. Parke Street, Aberdeen, Md. 21001
410-297-4213

Office use only:
Received: _____
Decision: _____

ADVISORY COMMITTEE APPLICATION

Thank you for your interest in wanting to volunteer on our advisory committee for Aberdeen Main Street. Please complete the following information and email to vhorne@aberdeennmd.gov or mail to City of Aberdeen c/o Main Street Coordinator, 60 N. Parke St. Aberdeen, Md. 21001

Name: _____ DOB: _____

Address: _____

Phone: Cell _____ Home _____ Work _____

Email Address: _____

Occupation: _____ Employer: _____

Gender: _____ Race: _____

Do you own a business in Aberdeen: Yes ___ No ___, if yes please list your business name and address:

Do you currently serve on any boards or committees: Yes ___ No ___, if yes please list _____

Why do you want to serve on the Main Street Advisory Committee: _____

If appointed, are you able to serve two (2) year term and meet either virtual or in-person four (4) times a year? Yes _____ No _____

I certify that the facts contained in this application are true and correct to the best of my knowledge. I understand that the City of Aberdeen will check to ensure that all information within this application is accurate and true. I understand the requirements of being a member of the Main Street Advisory Committee and would like to submit my application for review.

Signature: _____ Date: _____