

**Historic Preservation Commission Members
Resume Form**
GEORGIA CERTIFIED LOCAL GOVERNMENT PROGRAM

Local Government: _____

Name of Commission: _____

Member's Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Address (if different): _____

City, State, Zip: _____

Telephone: (Business) _____

(Residence) _____

Email Address: _____

Term of Membership: _____ Term Expires: (Date) _____

Occupation: _____

Professional Discipline: _____

(If satisfying a membership requirement)

Demonstrated interest in Historic Preservation (i.e., conferences attended, organizations, special training, courses taken, volunteer activities, or job experience)
