



# Boards & Commissions Application

Name of board for which applicant is applying: \_\_\_\_\_

New Applicant

Reapplying Applicant

(SLBDD)

\*\*\*A resume is required with submission of this application\*\*\*

Name of Applicant:

Day-Time Phone Number:

\_\_\_\_\_  
(First) (Middle) (Last)

( ) \_\_\_\_\_

Mailing Address:

Date of Birth:

(for residency verification purposes only)

\_\_\_\_\_  
(Street, P.O. Box, Etc.)

\_\_\_\_\_  
(Month) (Day) (Year)

\_\_\_\_\_  
(City) (State) (Zip)

Council District: \_\_\_\_\_

Physical Address (If Different From Above):

Ward: \_\_\_\_\_

\_\_\_\_\_  
(Street, P.O. Box, Etc.)

Email Address:

\_\_\_\_\_  
(City) (State) (Zip)

Education: \_\_\_\_\_

Present Employment: \_\_\_\_\_

My qualifications for this position are as follows: \_\_\_\_\_

My goals/objectives as a member of this board are as follows: \_\_\_\_\_

Do you currently have or have ever had litigation with South Lafourche Beach District? Yes No

If yes, please list cases: \_\_\_\_\_

To the best of your knowledge, are any of the present SLBDD members a member of your family? Yes No

If yes, please indicated which member: \_\_\_\_\_

Miscellaneous Information: \_\_\_\_\_

I have read and understand all of the qualifications, **including** residency requirements pertaining to this Board/Commission position and do hereby respectfully submit to the Greater Lafourche Port Commission my application for membership. I also understand that failure to complete this application, **including** any initial and signature blanks, will result in my application being returned without being submitted for the Commission's consideration.

INITIAL HERE

Please return this form to:

Greater Lafourche Port Commission Fax: (985) 632-6703

Attn: Chett Chiasson

Phone (985) 632-6701

16829 East Main Street  
Cut Off, LA 70345

Email: chettec@portfourchon.com

Applicant's Signature

Date