



Town of  
**Bon Accord**  
building for tomorrow

**SUBDIVISION AND DEVELOPMENT APPEAL BOARD  
MEMBER APPLICATION FORM**

**Please send applications to [legislativeservices@bonaccord.ca](mailto:legislativeservices@bonaccord.ca) or drop off at the Town of Bon Accord.**

**Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Applicable education/business/work/volunteer/community experience:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Why would you like to be an SDAB panelist?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ I agree that my name and qualifications may be shared in a public meeting for the purpose of evaluating my application. I further agree that I am voluntarily applying for the role of an SDAB panel member for the Town of Bon Accord and have been made aware of the responsibilities this role requires.

*The information collected on this form is authorized under Section 4(c) of the Protection of Privacy Act (POPA). It will be used to process SDAB applications for the Town of Bon Accord. If you have any questions about the collection and use of the information, contact the Bon Accord Public Library Board at 5025 - 50th Avenue, Bon Accord, AB, T0A 0K0 or by calling (780) 921-2540.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Note: Canada Revenue Agency requires us to issue a T4 slip if you earn more than \$500 in per diems in the calendar year. You will be required to provide your Social Insurance Number if you are appointed to the Subdivision and Development Appeal Board.**