



VOLUNTEER APPLICATION



RETURN APPLICATION TO:

(For office use only)

Date Submitted: _____

PPM INC.
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Raleigh, 27615
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E-mail: jburch@ppmral.com

NAME: _____

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WAKEFIELD NEIGHBORHOOD: _____

HOME PHONE: _____ WORK PHONE: _____

Please give your credentials and reasons for wanting to serve on the committee (s):