



CITY OF MADERA

COMMISSION, BOARD, AND COMMITTEE

APPLICATION

I hereby request that I be considered as a nominee for the following City of Madera Commission, Board, or Committee:

PLEASE CHECK ONE OR MORE:

ADA Advisory Council

Airport Advisory Committee

Beautification Committee

Civil Service Commission

Planning Commission

Transit Advisory Board

Other: _____

Please type or print in ink.

LAST NAME	FIRST NAME	M.I.
HOME ADDRESS	CITY, STATE, ZIP	HOME PHONE
MAILING ADDRESS	CITY, STATE ZIP	E-MAIL ADDRESS
EMPLOYER	JOB TITLE	BUSINESS PHONE

LENGTH OF RESIDENCE IN CITY OF MADERA ____YEARS ____MONTHS	ARE YOU A REGISTERED VOTER OF THE CITY OF MADERA? YES NO	HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO
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EDUCATIONAL BACKGROUND:

PLEASE LIST ANY ORGANIZATIONS OF WHICH YOU ARE A MEMBER AND ANY OFFICES YOU HAVE HELD IN THOSE ORGANIZATIONS:

PLEASE LIST ANY APPOINTED PUBLIC BOARDS OR COMMISSIONS ON WHICH YOU HAVE SERVED, DATES OF SERVICE AND ANY CHAIRMANSHIP OR OFFICE HELD:

I AM INTERESTED IN SERVING FOR THE FOLLOWING REASONS:

REFERENCES (Optional):

DATE

SIGNATURE

PLEASE RETURN COMPLETED APPLICATION TO:

CITY OF MADERA
OFFICE OF THE CITY CLERK
205 West Fourth Street
Madera, CA 93637
(559) 661-5405
(559) 674-0446 Fax