Amador County Board of Supervisors County Administration Center 810 Court St. Jackson, CA 95642

District Board Appointment Application Form

Dave
Please consider me for the following Board: Ione Memorial District
Name:
Physical Address:
Mailing Address:
Telephone: Home: Cell:
Occupation:
Please briefly state your qualification and why you are interested in serving on this board (use additional paper if needed):

Please submit to:

Ione Memorial District PO Box 53, Ione CA 95640

^{*}Please be aware the form may be released to the public upon request