AMADOR COUNTY BOARD OF SUPERVISORS

COUNTY ADMINISTRATION CENTER *810 COURT STREET * JACKSON, CA * 95642 (209) 223-6470

COMMITTEE MEMBER APPLICATION FORM

			Date	
Please consid	er me for the followi	ing committee:		
NAME:				
Mailing Addr	ress:			
Physical Add	ress:			
Business Add	lress:			
Telephone -	Home:		Work:	
Please state briefly your qualifications and why you are interested in serving on this committee (use additional sheet of paper, if necessary):				
_				
Signature*Please be aware this completed form may be released to any member of the public or media upon request.				
		-FOR CLERKS		
	lication Accepted			Application Rejected
Date Ap	opointed	<u></u> _	Co	ommittee Number
Term Ex	xpires		Su	pervisorial District