## **AMADOR COUNTY BOARD OF SUPERVISORS** COUNTY ADMINISTRATION CENTER \*810 COURT STREET \* JACKSON, CA \* 95642

(209) 223-6470

## **COMMITTEE MEMBER APPLICATION FORM**

	Date		
Please conside	r me for the following committee:		
NAME:			
Mailing Addre	255:		
Physical Addr	ess:		
Business Addr	'ess:		
Telephone -	Home: V	Vork:	
Please state briefly your qualifications and why you are interested in serving on this committee (use additional sheet of paper, if necessary):			
Signatura			

Signature

\*Please be aware this completed form may be released to any member of the public or media upon request.

-FOR CLERK	S USE ONLY-
□ Application Accepted	□ Application Rejected
Date Appointed	Committee Number
Term Expires	Supervisorial District