

CITY OF ALBANY
ADVISORY BOARD/COMMISSION/COMMITTEE APPLICATION

BOARD/COMMISSION/COMMITTEE TO WHICH YOU SEEK APPOINTMENT:

NAME _____

HOME ADDRESS _____

HOME PHONE NUMBER _____ HOME FAX NUMBER _____

HOME E-MAIL ADDRESS _____

OCCUPATION _____

BUSINESS ADDRESS _____

BUSINESS PHONE NUMBER _____ BUSINESS FAX NUMBER _____

BUSINESS E-MAIL ADDRESS _____

PLEASE STATE YOUR QUALIFICATIONS FOR THIS BOARD/COMMISSION/COMMITTEE AND YOUR OBJECTIVES IF YOU BECOME A MEMBER.

PLEASE LIST PAST AND PRESENT COMMUNITY ACTIVITIES YOU HAVE PARTICIPATED IN.

SIGNATURE

DATE

PLEASE RETURN TO CITY CLERK:
1000 San Pablo Avenue
Albany, CA 94706