



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:

- | | |
|--|--|
| <input type="checkbox"/> ADA Advisory Council | <input type="checkbox"/> Airport Advisory Commission |
| <input type="checkbox"/> Beautification Committee | <input type="checkbox"/> Civil Service Commission |
| <input type="checkbox"/> CDBG Block Grant Commission | <input type="checkbox"/> Loan Review Committee |
| <input type="checkbox"/> Planning Commission | <input type="checkbox"/> Transit Advisory Board |
| <input type="checkbox"/> 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 the City of Madera: Years _____ Months _____	Have you ever been convicted of a felony? Yes _____ No _____	Are you 18 years of age or older? 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 4th Street, Madera, CA 93637
cityclerkinfo@madera.gov
(559) 661-5405