

***San Benito County
Board and Commissions***

MEMBERSHIP APPLICATION

I hereby express an interest in being nominated for membership on the following committee:
(PLEASE PRINT)

BOARD/COMMISSION: **Community Action Board (CAB)**

NAME: _____

PHONE: _____ E:MAIL: _____

ADDRESS: _____

CITY, ST: _____ ZIP: _____

LENGTH OF RESIDENCY: _____

SUPERVISOR DISTRICT: _____

OCCUPATION: _____

EDUCATION: _____

AFFILIATIONS: _____

REASON(S) FOR SEEKING APPOINTMENT: _____

DATE: _____ SIGNATURE: _____

Return completed form to

San Benito County Attention:

Clerk of the Board

481 Fourth Street

Hollister, CA 95023

Any Questions, Please Call:

(831) 636-4000

e-mail: dalonzo@cosb.us

Community Services & Workforce Development

1111 San Felipe Road, Ste 108

Hollister, CA 95023

(831) 637-9293

or (831) 637-0996 FAX

e-mail: aanderson@cosb.us