



**CITY OF MENDOTA  
643 QUINCE STREET  
MENDOTA, CA 93640  
(559) 655-3291**

**APPLICATION FOR MEMBERSHIP ON A CITY OF MENDOTA  
COMMITTEE**

**Name of Board or Committee:** \_\_\_\_\_

**Applicants' name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Present occupation:** \_\_\_\_\_

**Number of years as a Mendota resident:** \_\_\_\_\_

**Memberships:**

**Are you a member of any other community boards, commissions or committees? \_\_\_\_\_ Yes \_\_\_\_\_ No.**

**If yes please provide list:** \_\_\_\_\_  
\_\_\_\_\_

**At the initial formation of the committee you have the option of a 2 year or 4 year term, please select which you would like to serve.     2 years \_\_\_\_\_     4years \_\_\_\_\_**

**Education:**

**Please state the highest year of school completed \_\_\_\_\_.**

**Please state any special areas of study, work experience or special area of interest that may be of value to this committee:**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Please give a brief statement of your views related to the business of this committee and why you would like to be a member.**

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**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Accepted:**

**Signature of City Clerk:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Date:** \_\_\_\_\_