



**APPLICATION FOR APPOINTMENT TO THE
2024-2025
MEASURE A (Parcel Tax)
2-Y**

First MI

Home Address: _____
Number Street City Zip Code

Work Address: _____
Number Street _____
City State Zip Code

Telephone Number(s): _____ (preferred #) _____ (alternate #)

E-mail: _____

Fax: _____

EDUCATIONAL BACKGROUND:

_____ Degree/Major

College and/or University

_____ Certificate/Technical Training

Vocational and/or other Institutions

EMPLOYMENT INFORMATION:

Name of Employer: _____

Position: _____

Area of Expertise: _____

