

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

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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: jfrechette@cosb.us

Community Services & Workforce Development  
1161 San Felipe Road  
Hollister, CA 95023  
(831) 637-9293  
or  
(831) 637-0996 FAX  
e-mail: aanderson@cosb.us