

*City of Albany*  
Advisory Board/Commission /Committee Application

Vacancy you are applying for: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Fax (H): \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone (W): \_\_\_\_\_ Fax (W): \_\_\_\_\_

Please state your qualifications for this Board/Commission/Committee and your objectives if you become a member:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list past and present community activities you have participated in:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please Return to the City Clerk:  
City Hall  
1000 San Pablo Avenue  
Albany, CA 94706