



## APPLICATION FOR APPOINTMENT

### Public Member Seats

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

Telephone: (Home/Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Is your Primary Residence in Marin County?      Yes \_\_\_\_\_      No \_\_\_\_\_

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

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

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

Summary of Qualification: \_\_\_\_\_

\_\_\_\_\_

Reason For Applying: \_\_\_\_\_

\_\_\_\_\_

Please list organizations of which you are an officer or employee: \_\_\_\_\_

\_\_\_\_\_

Please return to:      Marin LAFCo  
1401 Los Gamos Drive, Suite 220  
San Rafael, CA 94903  
Fax: 415-785-7897  
[staff@marinlafco.org](mailto:staff@marinlafco.org)

Additional information may be attached.