



**MADERA COUNTY
ALCOHOL AND DRUG ADVISORY BOARD**

P.O. Box 1288
Madera, CA 93639-1288
(559) 673-3508
FAX 673-4407

Membership Application Form

1. NAME: _____ PHONE: _____

HOME ADDRESS: _____

2. EMPLOYMENT: _____ Full Time _____ Part Time
 _____ Retired _____ Self-Employed
 _____ Unemployed _____ Student

Employer: _____ Phone: _____

Work Address: _____

Occupation: _____

3. Madera County Board of Supervisor's District: _____

4. Why do you wish to serve on the Alcohol and Drug Advisory Board?

5. SUMMARY OF APPLICABLE EXPERIENCE (Job-related, personal life, volunteer, community service, advisory boards, etc. You may attach a resume.)

6. Could you contribute at least 3 hours per month to the Alcohol and Drug Advisory Board? Yes _____ No _____

7. ORGANIZATION AND BOARD AFFILIATIONS: (List all professional or community organizations to which you now belong.)

8. The Alcohol and Drug Advisory Board attempts to be representative of Madera County. The following information is voluntary, but it does assist in ensuring that the Advisory Board is representative of the community:

Age: _____ Sex _____ Race/Ethnic Group _____

(Signed): _____

(Date): _____