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City of Mendota 643 Quince Street

Mendota, California 93640 Phone: (559) 655-3291 ◆ Fax: (559) 655-4064

APPLICATION FOR MEMBERSHIP ON A COMMISSION

INSTRUCTIONS: Applications should be filled out completely so that the City Council may fully evaluate your qualifications. Return your completed application and any necessary documents to Mendota City Hall, 643 Quince Street, Mendota, CA 93640.

Eligibility requirements may vary depending on the Commission that you are applying for. For a list of qualifications please visit the City of Mendota's website at www.cityofmendota.com or visit Mendota City Hall at 643 Quince Street, Mendota, CA 93640.

APPLICANT INFORMATION				
Name:				
Address:				
ell Phone: Home Phone:				
Email:				
Current Occupation: Years as a Mendota resident:				
Please check which commission you are applying for:				
O Planning Commission O Recreation Commission O Other:				
Are you a member of any other boards, commissions, or committees in the City of Mendota, including those overseen by other agencies and organizations? O No O Yes If yes, please provide list:				
State your education background:				
OTHER INFORMATION Please answer all questions completed. Attach an additionally sheet, if necessary.				
Please state how your experience (personal, education, professional) will allow you to effectively serve on				
the commission:				
Please state why you are interested in becoming a commissioner:				

ACKNOWLEDGMENT					
Please review City of Mendota Munic 2.36 – Planning Commission which Mendota City Hall, 643 Quince Stree City of Mendota to forward this app below, you also agree to comply with in the application commission/comm	can be found at wv et, Mendota, CA 93 dication to the Mer all ordinances, poli	ww.cityofmenc 640 or call (5 ndota City Co	ota.com. For a hard copy of the MN59) 655-3291. By signing below, youncil for consideration of appointm	MC, please visit ou authorize the ent. By signing	
Dated:	Print Name		Signature		
For City Clerk's Office Use Only					
Date Received:					
Proof of Mendota Residency Validate	ed: O Yes	O No	Proof Type:		
Processed By:Staff Name		Staff Sig	nature		