HOLLISTER AIRPORT ADVISORY COMMISSION
Application for Commissioner

Name: _________________________________________________________________
Address: _____________________________________________________________ Phone: _______________________
_________________________________________________________
Email: ___________________________ Cell Phone: __________________________
Employer: ________________________ Work Phone: _______________________

NOTE: The information you provide is done with the express understanding that it is public information and may be provided to the public when requested.

College: _____________________________________________________________
_________________________________________________________

Community Service Experience including service on other Boards, Commissions, Clubs, and/or Organizations

Clubs or Organizations: _______________________________________________
_________________________________________________________

Aviation or Municipal Experience: _______________________________________
_________________________________________________________

Why do you wish to be on the Airport Advisory Commission and what contributions can you make to the Airport Advisory Commission? (Attach additional sheet if necessary.)

_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________
_________________________________________________________

Date: ___________ Signature: ____________________________________________

Attach resume if desired.

When completed please return to the City Clerk’s Office at 375 Fifth Street.