CLEAR FORM

MARIN COUNTY ELECTIONS DEPARTMENT

APPLICATION FOR ELECTION ADVISORY COMMITTEE

*** * * * PLEASE fill in form and print out. If completing by hand PLEASE PRINT * * * * ***

NAME_____

ADDRESS_____
STREET CITY ZIP CODE

PHONE_____ E- MAIL_____

Are you a registered voter in Marin County? _____YES _____NO

What are your areas of interest in elections?

_____ voter outreach and education

_____ accessibility of voting and polling places

_____ voting procedures

_____ voting equipment

_____ election procedures such as recount, ballot counting, canvass procedures

_____ election day procedures at the polls

_____ mail voting

_____ other (describe)_____

Are you available to attend 2- hour meetings? _____monthly? _____quarterly?

Briefly describe your interest, knowledge, experience and/or involvement in election–related activities in Marin County

_____

_____

_____

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Return application to Marin County Elections Department,
Attn: Advisory Committee, PO Box E, San Rafael, CA 94913 or Fax to (415) 499-6447