

APPLICATION FOR BOARD DIRECTOR

SANTA YNEZ AIRPORT AUTHORITY
P.O. Box 1572, Santa Ynez, CA 93460

FOR OFFICE USE ONLY

Date received: _____

INSTRUCTIONS: Please complete each item below. Please print or type.

NAME: (Last) (First) (Middle)	TODAY'S DATE: _____
ADDRESS: _____ _____	TELEPHONE: _____ E-MAIL: _____

REFERENCES: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement and abilities.

NAME:	ADDRESS:	TELEPHONE:	OCCUPATION:

TYPE OF MEMBER (Check one): USER: NON-USER

ADDITIONAL INFORMATION: (Attach resume **if** desired) Provide any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships or personal interests which bear on your application for the above Board.

Signature of Application: _____

(revi.sed 5116/19)