



# City of ALACHUA

## APPLICATION FOR SENIOR RESOURCES ADVISORY BOARD MEMBERSHIP

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone (Daytime): \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Are you a resident of the City of Alachua?  Yes  No

Briefly state why you want to be a member of the Senior Resources Advisory Board: \_\_\_\_\_

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Applicant's Signature: \_\_\_\_\_

**Please return this application to the City Clerk's Office located at City Hall, 15100 NW 142<sup>nd</sup> Terrace, or mail application to:**

City of Alachua  
ATTN: Planning and Community Development  
P.O. Box 9  
Alachua, FL 32616