



**APPLICATION FOR MEMBERSHIP  
YOLO-SOLANO AQMD HEARING BOARD**

Mail or Email to: Denise Almaguer, Hearing Board Clerk  
1947 Galileo Court, Suite 103  
Davis, CA 95618  
(530) 757-3650  
dalmaguer@ysaqmd.org

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

The Hearing Board calls for specific type members some of which require special qualifications. Please indicate for which position you are applying:

Attorney Member

Engineer Member

Medical Member

Public Member

Employment Experience:

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Organization and Community Experience:

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Other experience which you feel would be helpful to bring to the attention of the Board of Directors in making this appointment:

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Education:

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Other Training:

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\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*