## MARIN COUNTY ELECTIONS DEPARTMENT

## APPLICATION FOR ELECTION ADVISORY COMMITTEE

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

ADDRESS			
ADDRESSSTR	EET	CITY	ZIP CODE
PHONE	E- MAIL		
Are you a registered voter in	n Marin County?	YES	NO
What are your areas of inter	rest in elections?		
voter outreach and e	education		
accessibility of votin	ng and polling place	s	
voting procedures			
voting equipment			
election procedures	such as recount, bal	lot counting, canv	ass procedures
election day procedu	ares at the polls		
mail voting			
other (describe)			
Are you available to attend	2- hour meetings? _	monthly? _	quarterly?
Briefly describe your interest related activities in Marin C		rience and/or invo	lvement in election
	application to Marin		

Return application to Marin County Elections Department, Attn: Advisory Committee, PO Box E, San Rafael, CA 94913 or Fax to (415) 473-6447