

APPLICATION FOR MEMBERSHIP

AGRICULTURAL ADVISORY COUNCIL



PERSONAL INFORMATION:

First Name:	Middle Int.	Last
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-Mail:		
Signature:	Date:	

BUSINESS/COMPANY INFORMATION:

Company:		
Title:		
Address:		
City:	State:	Zip:
Phone:	Cell:	
E-Mail:	Fax:	

EDUCATIONAL INFORMATION:

College/Graduate School:	Location:
Degree:	Graduation Date:
Degree:	Graduation Date:
High School or Equivalent:	

RETURN TO:

AG Programs Manager
California Exposition & State Fair
P.O. Box 15649, Sacramento, CA 95852
Phone: (916) 263-3109
Fax: (916) 263-7903
Email: jcarlson@calexpo.com



AGRICULTURAL ADVISORY COUNCIL

MEMBERSHIP INFORMATION: (please list all organizations or societies you belong to)

Organization/Society:	Period:
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- Yes No Are you a citizen of a country other than the United States? If so, please identify country. _____
- Yes No Are you able to commit to the minimum requirements to serve as outlined in the organization's bylaws (i.e.: attend 75% of meetings in a calendar year, participate in at least one State Fair activity relating to multicultural activities, outreach or entertainment)?
- Yes No Have you ever been affiliated (as an officer, owner, director, trustee, partner, advisor or consultant) with any institutions (corporations, firms, partnerships, business enterprises, non-profit organizations, etc.) which might present a potential conflict of interest or appearance of a conflict of interest? If yes, please explain.
- _____
- Yes No Do you or any members of your immediate family own an interest in any enterprise which does or might do business with the fair? If yes, please explain.
- _____
- Yes No Do you or any members of your immediate family own any interest in any real property adjacent to or in proximity with the fairgrounds? If yes, please explain.
- _____
- Yes No Is there anything in your background, which if made known to the general public through your appointment would cause an embarrassment to you and/or the Cal Expo? If yes, please explain.
- _____

Certification - I hereby certify that all information set forth above and within this application and any attachments, is true and accurate to the best of my knowledge.
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Signature:	
Date:	

 In addition to this completed application, you must attach a current resume or biography.
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