



EL DORADO COUNTY AGRICULTURAL COMMISSION

APPLICATION FOR MEMBERSHIP

Member Position Applying For: _____

NAME: _____

OCCUPATION: _____ **DAYTIME PHONE:** _____

ADDRESS: _____

Describe the agricultural activities in which you are currently involved.

Describe your experience in the field of agriculture (please be specific).

Please give the reasons you wish to serve as a member of the El Dorado County Agricultural Commission.
