



Application for Appointment to
The Linn County Historical Museum
Advisory Commission

NAME: _____
(Please Print)

PHONE: (W) _____
(H) _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

BUSINESS ADDRESS: _____

LIST ANY COMMUNITY OR CIVIC ACTIVITIES OF WHICH YOU ARE A MEMBER: _____

LIST ANY BUSINESS OR PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER: _____

ARE YOU NOW, OR HAVE YOU EVER SERVED ON A BOARD, COMMITTEE, OR COMMISSION FOR LINN COUNTY? _____ WHEN? _____ HOW LONG? _____

PLEASE DESCRIBE YOUR INTEREST IN THIS POSITION AND WHAT YOU FEEL YOU CAN CONTRIBUTE TO THIS POSITION FOR LINN COUNTY: _____

PLEASE RETURN TO:
Linn County Parks & Recreation Department
3010 Ferry St. SW
Albany, OR 97322
Fax : (541) 924-6915