



**APPLICATION TO SERVE ON THE
GILA COUNTY
COMMUNITY ACTION PROGRAM ADVISORY BOARD**

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE #: _____ CELL PHONE #: _____

OFFICE PHONE #: _____ E-MAIL: _____

SECTOR REPRESENTING:

- PRIVATE
- PUBLIC – Represents Gila County Board of Supervisors

Name of Board Member you represent

Low Income

RE-CERTIFICATION YES NO

Gross Monthly Income:

\$ _____

All information provided is and shall remain confidential.

Signature

Date

For Office Use Only

Term of Appointment _____ County _____