## **Planning and Community Development Department** League of CA Cities Nomination Form for Office of 2<sup>nd</sup> Vice-President

(Please return by April 2, 2015)

Name:		Title:	
Address:		City:	
Zi	p: Phone:	F	<sup>3</sup> ax:
E-	mail address:		
Is	the above your preferred mailing addre	ess? Yes	No
Pr	eferred Mailing Address:		
M	ay this address be published? Yes	No	
mι	ease respond to the following so that the unicipal experience, your League exper partment officer. (Please use a second	rience, and your desi	re to participate as a League
	1. Please describe your inter-govern	ment activities.	
2. Please describe your League experience (e.g., are you a member of a policy committee? Do you regularly participate in division meetings?).			
	3. Why are you interested in this pos	sition?	
	nis form must include the signatures of evelopment from across the state. Pleas		
	Name	City	Position
1 2			
3			
3			
5			

Candidates should return this form with your resume for processing and distribution to the nominating committee by April 2, 2015. Please return it by e-mail to Meghan McKelvey at mmckelvey@cacities.org or fax to (916) 658-8240. Additional questions? See contact information below.

> **Meghan McKelvey League of California Cities** Sacramento, CA 95814 Office: (916) 658-8253