

**SOUTH SANTA CLARA VALLEY MEMORIAL DISTRICT**  
**Application for Appointment**  
**Board of Directors**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code \_\_\_\_\_

To your knowledge, do you live within the District Boundaries? \_\_\_\_\_

Are you currently registered to vote? \_\_\_\_\_

Please give us a summary of your personal history as it may relate to the position. Please include the number of years you have lived in the District. (Attach additional sheets if needed):

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Please give us a brief statement regarding the reason you would like to serve on the District's Board of Directors. (Attach additional sheets if needed):

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this to the South Santa Clara Valley Memorial District, 74 W 6th Street, Gilroy, CA 95020  
or via email [ed@sscvmemorialdistrict.org](mailto:ed@sscvmemorialdistrict.org). **Application Deadline: August 7, 2026 at 12:00 p.m.**